PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 MAY -3 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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-05/14/02--01018--012
***1750.00 ***1750.00

DOCUMENT # L72010

1. Corporation Name
A GAINEY INC

2. Principal Office Address	3. Mailing Office Address
5511 NEW KINGS RD	5511 NEW KINGS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32209 Country: US	Zip: 32209 Country: US

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-3003481 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Amos A GAINEY
Street Address (P.O. Box Number is Not Acceptable): 5511 NEW KINGS RD
Suite, Apt. #, Etc.:
City: JACKSONVILLE State: FL Zip Code: 32209

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Amos A Gainey Date: 4-26 02
REGISTERED AGENT MUST SIGN

CR2E0R (9/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Amos A GAINEY	3817 TROPICAL TERRACE	JACKSONVILLE FL 32250

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: ✓ Amos A Gainey A. GAINEY 4-26-02 (904)764-9036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/10/02

Attachment
Doc# L72010

April 25, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee Florida 32302-1500

TO WHOM IT MAY CONCERN:

Our accountant was reviewing all of his clients' records on line concerning the UBR and discovered that we have not been paying the Corporate Annual Renewal Fee. We moved shortly after incorporating and did not receive the UBR. We thought the fee for incorporating was a one-time charge. All of our returns have been filed yearly and we do want to remain incorporated. We are enclosing a check for $1,750.00, as we were advised per telephone conversation, to be reincorporated.

Sincerely,

Amos Gainy
A. Gainy, Inc.

A Gainey