

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAR 21 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L89981

1. Corporation Name

John M. Gayden Jr. PA

2. Principal Office Address

1251 South Hickory Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, Florida

City & State

Zip

32901

Country

Brevard

Zip

Country

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

07-23-1990

5. FEL Number

593124769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles R. Stack

500003184315-9

Street Address (P.O. Box Number is Not Acceptable)

High, Stack, Palahach & Cruanes
ATTORNEYS AT LAW

03/27/00--01010--002
****908.75 ****908.75

Suite, Apt. #, Etc.

525 East Strawbridge Avenue
Melbourne, Florida 32901

City

State
FL

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/10/2000

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

John M. Gayden Jr. Pres

1251 South Hickory St.

Melbourne, Florida 32901

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:

John M. Gayden Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-12-2000

Daytime Phone #

CR2081 (9/99)