

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L94777

1. Corporation Name

GUARDIAN FABRICATORS, INC.

Principal Place of Business

Mailing Address

4001 EXCHANGE AVE.  
NAPLES FL 34104  
US

4001 EXCHANGE AVE.  
NAPLES FL 34104  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/14/1990

5. FEI Number

65-0212944

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	BRUNNER, JACK	831 RUE DEVILLE DRIVE	NAPLES FL
V	ESCOBEDO, ARTURO	5325 CATTS	NAPLES FL 34116

700004690047--1  
-11/20/01--01086--011  
\*\*\*750.00 \*\*\*750.00

10/15

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUNNER, JACK A  
831 RUE DEVILLE DR  
2301-CR 951  
NAPLES FL 33963

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Jack Brunner*  
REGISTERED AGENT MUST SIGN

Date

10/23/01

11. 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:

*Jack Brunner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK BRUNNER

Date

10/23/01

Daytime Phone #

(941)  
643-4001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 29 PM 1:49



REINSTATEMENT

CR2E040 (9/01)