

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 29 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M44008

1. Corporation Name

GUS AND US, INC.

2. Principal Office Address

4001 GULFSHORE BLVD. N.

Suite, Apt. #, etc.

#200

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

3. Mailing Office Address

4001 GULFSHORE BLVD. N.

Suite, Apt. #, etc.

#200

City & State

NAPLES, FLORIDA

Zip

34103

Country

USA

100024505171
11/07/03--01027--016 **1958.75
REINSTATEMENT 95-03

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/86

5. FEI Number

59 2760250

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

JOSEPH D. ZAKS, ESQ.

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

850 PARKSHORE DR.

Suite, Apt. #, Etc.

TRIANON CENTRE

City

NAPLES

State

FL

Zip Code

34103

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

Joseph D. Zaks

Date 11/28/03

REGISTERED AGENT MUST SIGN

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	WILLIAM E. KLEIN, SR.	4001 GULFSHORE BLVD., #200	NAPLES, FL 34103
VP, D	JANE ANDREWS	114 TOWNSEND ST.	PEPPERELL, MA 01463
T, D	FRANK E. ANDREWS	114 TOWNSEND ST.	PEPPERELL, MA 01463
S			

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)(f), 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:

Jane Andrews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/03

Date

978-433-0596

Daytime Phone #

CR2001 (10/02)

jh