

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

02 **U.B.R.**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 29 AM 8:01

DOCUMENT # M76137

1. Corporation Name

GIL-WIL, INC.

Principal Place of Business

8169 LONGBAY BLVD.  
SUITE 210  
SARASOTA FL 34236  
US

Mailing Address

8169 LONG BAY BLVD.  
SARASOTA FL 34243  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/1988

5. FEI Number

65-0108052

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LYON, GRACE I.	8169 LONG BAY BLVD.	SARASOTA FL 34243
D	LYON, WILLIAM K.	8169 LONGBAY BLVD.	SARASOTA FL 34243
D	DAVIS, H. JEROME J	8169 LONGBAY BLVD.	SARASOTA FL 34243
D	HUGHES, GEORGE	11109- 3RD AVE E	BRADENTON FL 34202

800008666598  
10/29/02--01070--007 \*\*150.00

8. Name and Address of Current Registered Agent

LYON, GRACE I  
8169 LONGBAY BLVD.  
SARASOTA FL 34243

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Grace I. Lyon*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/25/2002

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:

*Grace I. Lyon*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/2002 941-355-2920  
Date Daytime Phone #

CR2ED40 (802)

October 25, 2002

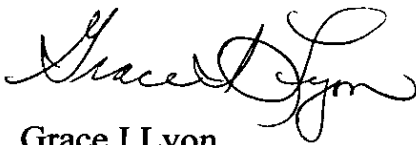
Grace I Lyon  
Director  
Gil-Wil, Inc.  
8169 Longbay Blvd  
Sarasota, FL 34243-2041

Application for  
Reinstatement  
Department of State  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

In accordance with your advice in the Notice of Administrative Dissolution or Revocation Packet, I am informing you that I did not receive the two prior uniform business report (UBR) notices.

I am forwarding \$150 along with Application for Reinstatement. Thank you.

Yours truly,

A handwritten signature in cursive script, appearing to read "Grace I Lyon".

Grace I Lyon  
Director  
Gil-Wil, Inc.