

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 19 PM 1:58

DOCUMENT # N00000002889

1. Corporation Name

Guadalupe Catholic Books and Gifts, INC.

700004669767--1
-11/06/01--01085--008
****245.00 ****245.00

2. Principal Office Address

1815-7 Thomasville Rd
Tallahassee, FL
Suite, Apt. #, etc.

3. Mailing Office Address

1815-7 Thomasville Rd
Tallahassee, FL
Suite, Apt. #, etc.

REINSTATEMENT 01

City & State

Tallahassee, FL
Zip 32303
Country USA

City & State

Tallahassee, FL
Zip 32303
Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-28-2000

5. FEI Number

59-3642015

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

Jean Mike Nunez, Catherine

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

815 Abbiegail Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Catherine E. Nunez

REGISTERED AGENT MUST SIGN

Date 10/16/01

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
D/S/T	McGlynn, Kevin 2906 Tallahassee	2906 abbotsford Rd Tallahassee	Tallahassee, FL 32312
D/V	Mike Nixon	621 Vonicle Ave	Tallahassee, FL 32303
D/P	Dave Busch	3428 Robinhood Road	Tallahassee, FL 32312

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:

Michael Nixon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/01
Date

(850)
222-7149
Daytime Phone #

CR2E081 (9/00)