

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000000494

FILED  
Jan 05, 2009  
Secretary of State

**Entity Name:** GARY L. FORMET MEMORIAL TRUST FUND, INC.

**Current Principal Place of Business:**

1215 MONTCALM STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

1215 MONTCALM STREET  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 59-3500845      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HESS, MIKE E CPA  
915 OUTER ROAD, STE 100  
ORLANDO, FL 32814 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MIKE HESS, CPA

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FORMET, JANE C  
Address: 1118 LAKE WILLIAMS CIR  
City-St-Zip: ORLANDO, FL 32806

Title: D ( ) Delete  
Name: WOHLUST, CHARLES G  
Address: 778 MCINTYRE AVE.  
City-St-Zip: WINTER PARK, FL 32787

Title: D ( ) Delete  
Name: ANDERSON, JENNIFER F  
Address: 3060 EGLINGTON DRIVE  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANE FORMET

D

01/05/2009

Electronic Signature of Signing Officer or Director

Date