APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT ÓF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	NABOOX	X	3	\mathcal{I}	Š

1. Corporation Name

GIFFORD ECONOMIC DEVELOPMENT COUNCIL, INC.

Principal Place of Business

Mailing Address

4136 Old Dixie Highway, Suite &B Vero Belach, FL 32967

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

3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4450 27th: Avenue 27 4136 Old Dixie Highway Suite, Apt. #, etc Suite, Apt. #, etc. -Suite 🔥 B City & State

Vero Beach, FL Country

32967

Indian_River

Vero Beach, Zip

32967 <u>Indian River</u> FILED

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SECRETARY OF STATE TAECAHASTEE, PLONIEA

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4. Date Incorporated or Qualified To Do Business in Florida June 8, 1998

5. FEI Number 59-3515379-

6.

CERTIFICATE OF STATUS DESIRED

Applied For Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7. Names	and Street Addresses of Each Officer and/or Director (F				
Title(s)	Name of Officers and/or Directors	Office	t Address of Each er and/or Director Post Office Box Numbers)	City /	State / Zip
D	William Mosley	4136 Old Dix Suite #B	kie Highway	Vero Beach,	FL 32967
D	William Wright	4175 - 45th	Lane	Vero Beach,	FL 32967
D	Charles D. Weems	1031 - 10th	Court	Vero Beach,	FL 32962
D	Rev. Simeon L. Washington	4043 - 45th Lane		Vero Beach,	FL 32960
D	Emmett Lane	4746 - 32nd	Avenue	Vero Beach,	FL 32967
	Name and Address of Current Registered A	oent .	9. Name and Ad	dress of New Registere	d Agent

11. This corporation owes the current year

Intangible Personal Property Tax due June 30.

Name N. Musley

Todd_W. Fennell_ 979 Beachland Boulevard Vero Beach, FL 32963

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

4450 27th Avenue Suite, Apt. #, Etc.

Vero Beach

State Zip Code 32967

Date 2-1-00

10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

TERED AGENT MUST SIGN

Yes 🔲 No 🔲

(See other side for infor on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Mosley, Director

2-1-00 (561)713-