

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 FEB -2 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N98000005704*

1. Corporation Name
*Gratless Gate Zen Center, Inc.
(2004)*

W09-3547

2. Principal Office Address - No P.O. Box #
1208 NW 4th Street

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, Florida

City & State

Zip
32601

Country
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida
1997

5. FEI Number
59-3543944

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (10/08)

7. Name and Address of Current Registered Agent

Name
KC Walpole

Street Address (P.O. Box Number is Not Acceptable)
1208 NW 4th Street

Suite, Apt. #, Etc.

City
Gainesville,

State
FL

Zip Code
32601

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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
Kathleen Walpole

REGISTERED AGENT MUST SIGN

Date
1/15/09

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
<i>P</i>	<i>KC Walpole</i>	<i>1208 NW 4th Street</i>	<i>Gainesville, Fl. 32601</i>
<i>S/D</i>	<i>Fred Buhl</i>	<i>5128 NW 64th Blvd.</i>	<i>Gainesville, Fl. 32653</i>
<i>D</i>	<i>Janet Griswold</i>	<i>1208 NW 4th Street</i>	<i>Gainesville, Fl. 32601</i>
<i>D</i>	<i>Joseph VIVONA</i>	<i>1408 Athilburgh Blvd.</i>	<i>West Melbourne, Fl. 32904</i>

REINSTATEMENT RH

700142715097
02/03/09-01021-010 **183.75

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 contained in Chapter 119, 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: *Kathleen Walpole*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/09 Date
352 2220006 Daytime Phone #