

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 APR -8 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

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04/08/03--01001--013 **306.25

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000000853
1. Corporation Name PRIDE Celebration of
Gainesville, Inc.

2. Principal Office Address
802 W. University Ave
Suite, Apt. #, etc.
40 Wild Iris Books
City & State
Gainesville FL
Zip 32601 **Country** USA

3. Mailing Office Address
P.O. Box 1451
Suite, Apt. #, etc.
City & State
Gainesville FL
Zip 32602 **Country** USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 2/8/99

5. FEI Number 59-3558901
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 Dotty Faibisy
Street Address (P.O. Box Number is Not Acceptable) 802 W. University Ave
Suite, Apt. #, Etc.
City Gainesville **State** FL **Zip Code** 32601

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**  **REGISTERED AGENT MUST SIGN** **Date** 3/23/03

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
S/D	Kelly Brock	4405 SW 20th Lane	Gainesville FL 32607
D	Dotty Faibisy	802 W. University Ave	Gainesville FL 32601
D	ROBERT KARP	1101 NW 43 AVE	GAINESVILLE FL 32609

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:  **ROBERT KARP** **3/24/03** **352-377-1483**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E081 (10/02)