


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N99000007430 1. Entity Name GREATER GAINESVILLE AREA ASSOCIATION FOR TECHNICAL TRAINING, INC.					
Principal Place of Business 3000 NW 83RD ST GAINESVILLE, FL 32606				Mailing Address P O BOX 357913 GAINESVILLE, FL 32635-7913	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GENTRY, JOHN E 2602 NW 156TH AVE. GAINESVILLE, FL 32609				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>John E. Gentry</i> <small>Signature, typed or printed name of registered agent and then applicable.</small>				DATE: 10/17/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCGRAW, MICHAEL E 2606 N.E. 17TH TERR. GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAINTER, JERRY M 2425 NE 19TH DR. GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GENTRY, JOHN E 2602 NW 156 AVE. GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE, BRIAN 2500 NE 18TH TERR. GAINESVILLE, FL 32609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JARZEMBSKI, STEVE 7005 NW 41 PLACE GAINESVILLE, FL 32606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			300060820663 10/20/05--01041--019 **236.25		
SIGNATURE: <i>John E. Gentry</i>			John E. Gentry Treas Date: 10/17/05 Daytime Phone #: 386-462-2529		

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05 OCT 20 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122005 REIN-NP CR2E099 (6/04)

4. FEI Number
59-3615065

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

REINSTATEMENT
OCT 25 2005