

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000027210

1. Corporation Name

GPM DALE, INC.

Principal Place of Business

819 EIGHTEENTH STREET NORTHEAST
RUSKIN FL 33570

Mailing Address

819 EIGHTEENTH STREET NORTHEAST
RUSKIN FL 33570

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

2. New Principal Office Address, If Applicable

27281 TARBEL ROAD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

27281 TARBEL Rd
Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

City & State

BROOKSVILLE FL

Zip

34602

Country

USA

Zip

34602

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/16/2000

5. FEI Number

☒

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES.	BETTY ARTIS	25887 OLD SPRING LAKE RD.	BROOKSVILLE FL 34601

600004659756--7
-10/30/01-01088-012
****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Signature of
Registered Agent

Betty Artis SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-12-01

11. 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:

Betty Artis SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-01

Date

Daytime Phone #

352-7548545

CR2E040 (8/01)

10-12-01

2082

To whom it may concern:

I did not receive notice to file my annual business report/uniform business report.

It probably got lost in confusion since I have had a liver transplant and have been in & out of the hospital for a year.

Please accept my annual check for \$150⁰⁰
& my apologies for my lateness

Thank you

Jill Anne Dale