


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00000032580

1. Corporation Name

Gillen Financial Consulting, Inc.

2. Principal Office Address

2314 Holly Ridge DR

Suite, Apt. #, etc.

City & State

Ocoee, Florida

Zip
34761

Country
USA

3. Mailing Office Address

2314 Holly Ridge DR

Suite, Apt. #, etc.

City & State

Ocoee, Florida

Zip
34761

Country
USA

FILED

06 DEC 21 PM 4:20

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 03/27/2000

5. FEI Number
65-1090838

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

John Gillen

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

2314 Holly Ridge DR

Suite, Apt. #, Etc.

City

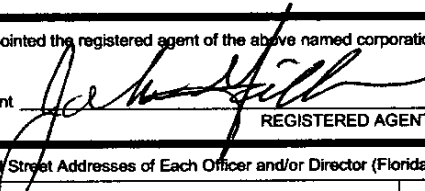
Ocoee

State
FL

Zip Code
34761

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.

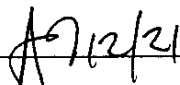
Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

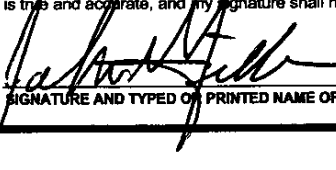
Date 12/19/06

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
PST	John Gillen	2314 Holly Ridge DR	Ocoee, Florida 34761
			000082709510 12/21/06--01036--010 **459.75

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:



Owner/President

12/19/06

407-654-0749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



2314 Holly Ridge Dr., Ocoee, Florida 34761 T: 407-654-0749 F: 407-656-7234

December 20, 2006

Florida Department of State
Secretary of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32314

Re: Reinstatement of Document # P00000032580

Dear Sir or Madam:

Attached is our application for Corporate Reinstatement along with our payment of \$458.75.

We are asking that the reinstatement fee of \$600.00 be waived at this time.

We discovered that the corporation was dissolved through one of our vendors doing a reference check on our corporation for an increase in our credit limit.

Thinking back over the past couple of years, I don't remember receiving any notice for renewal. After talking to your Reinstatement Department, I realized that what I was receiving were postcard like notices that I may have mistaken for advertisements or promotions.

I realize that this may not be a good reason for waving the reinstatement fee, but had I know what form the notices come out in, I would have been on the look out for them.

After talking to your staff, they have helped me to better understand the process of my requirement for annual renew of my corporation. In the future I will be better at making sure that our renewal is filled on timely bases.

Once again, we ask that the reinstatement fee be waived, and if you have any questions, you may call me at 407-654-0749.

Regards,

A handwritten signature in black ink, appearing to read 'John Gillen', is written over the typed name and title.

John Gillen
Owner/President
Gillen Financial Consulting, Inc.