

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P00000038734

1. Corporation Name

GILDED FRAMES, INC.

Principal Place of Business

Mailing Address

~~696 15TH AVE S~~  
~~NAPLES FL 34102~~

~~696 15TH AVE S~~  
~~NAPLES FL 34102~~

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

2. New Principal Office Address, If Applicable

61 BRAMPTON LN

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip 34104

Country

Collier

3. New Mailing Office Address, If Applicable

61 BRAMPTON LN

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip 34104

Country

Collier

4. Date Incorporated or Qualified  
To Do Business in Florida

04/12/2000

5. FEI Number

59-3637204

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
<del>D</del>	<del>PLOURDE, LINDA S</del>	<del>696 15TH AVE S</del>	<del>NAPLES FL 34102</del>
<del>D</del>	<del>PLOURDE, GEORGE S</del>	<del>696 15TH AVE S</del>	<del>NAPLES FL 34102</del>
P/D	PLOURDE, LINDA SUE	61 BRAMPTON LN	NAPLES FL 34104
V/D	PLOURDE, GEORGE S	61 BRAMPTON LN	NAPLES FL 34104
REINSTATEMENT 01			
FILED			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~PLOURDE, LINDA S~~  
~~696 15TH AVE S~~  
~~NAPLES FL 34102~~

Name

PLOURDE, LINDA SUE

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

61 BRAMPTON LN

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34104

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

*Linda Sue Plourde*  
REGISTERED AGENT MUST SIGN

Date 10-18-01

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:

*Linda Sue Plourde*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-01

Date

941-643-6169

Daytime Phone #