

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

02 FEB -8 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000054402

## 1. Corporation Name

Gud-Lou, Inc

## 2. Principal Office Address

11100 66th Street North

Suite, Apt. #, etc.

40

City &amp; State

Largo, Florida

Zip

33773

Country

Pinellas

## 3. Mailing Office Address

11100 66th Street North

Suite, Apt. #, etc.

40

City &amp; State

Largo, Florida

Zip

33773

Country

Largo

REINSTATEMENT 2000-2001

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/2000

## 5. FEI Number

59-364-9975

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SO 70. Additional fee required for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

William Murray

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

5341 Bevins Avenue

Suite, Apt. #, Etc.

City

Spring Hill

State  
FLZip Code  
34608

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

2/1/02

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

THS	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	James Atkinson	12288 Rugby Ct.	Spring Hill FL 34609
V. Pres	Dale Taylor	5137 Robkey Ave	Spring Hill FL 34608
Secy	Robert Berger	12224 Foothill St	Spring Hill FL 34609
Treas	William Murray	5341 Bevins Ave	Spring Hill FL 34608

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. MURRAY TREASURER

Date

2/1/02 (727) 341-2313

Daytime Phone #

# CABLE CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Guid-Lou Inc

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
✓ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
✓ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

RECEIVED  
02 FEB - 8 AM 11:34  
DIVISION OF CORPORATION

Signature \_\_\_\_\_

Requested by \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_