

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000076582																											
1. Entity Name GIBSON-HYSELL, INC.																											
Principal Place of Business 11738 N. BROAD SR BROOKSVILLE, FL 34601		Mailing Address 21274 YONTZ ROAD BROOKSVILLE, FL 34601																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 59-3664700		Applied For Not Applicable																									
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		12192006 REIN-P CR2E098 (11/05)																									
6. Name and Address of Current Registered Agent GIBSON, VICKI 21274 YONTZ ROAD BROOKSVILLE, FL 34601		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11, changed, or on an attachment, with an address, with all other like empowered.																											
SIGNATURE: <u>E. Katsura et. al.</u> DATE: _____ DAYTIME PHONE: _____																											

FILED

06 DEC 20 PM 4: 34

CLERK OF STATE
TALLAHASSEE, FLORIDA