

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

18 APR -3 PM 1:28

DOCUMENT # P00000109120

1. Corporation Name

**GUNN Properties, INC.**

2. Principal Office Address - No P.O. Box #  
4415 W MARTIN LUTHER KING JR BLVD  
Suite, Apt. #, etc.,  
City & State  
TAMPA, FL  
Zip  
33614

3. Mailing Office Address  
4415 W MARTIN LUTHER KING JR BLVD  
Suite, Apt. #, etc.,  
City & State  
TAMPA, FL  
Zip  
33614

500311464475  
04/03/18--01005--001 \*\*1235.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
01/01/2001

5. FEI Number  
59-3684222

6. CERTIFICATE OF STATUS DESIRED  
\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
MICHAEL J GUNN

Street Address (P.O. Box Number is Not Acceptable)  
4415 W MARTIN LUTHER KING JR BLVD  
Suite, Apt. #, Etc.,  
City State Zip Code  
TAMPA FL 33614

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 Michael J. Gunn Date MARCH 16, 2018

REGISTERED AGENT MUST SIGN

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
D	CLARK H GUNN	4415 W. MARTIN LUTHER KING BLVD	TAMPA, FL 33614
V	MICHAEL J GUNN	4810 W. EUCLID AVE	TAMPA, FL 33629
V	PATRICK D GUNN	4826 W. FLAMINGO RD	TAMPA, FL 33611

10. E-mail Address: MGUNN@GUNNPRINTING.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Michael J. Gunn MARCH 16, 2018 (813) 870-6010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #