

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000001628

1. Corporation Name

GDM CARPENTRY, INC.

Principal Place of Business

1531 W. STEVENS ST.
DELAND FL 32720

Mailing Address

1531 W. STEVENS ST.
DELAND FL 32720

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/2000

Suite, Apt. #, etc.

560 Sherwood Oaks Rd

Suite, Apt. #, etc.

P.O. Box 1182

City & State

Orange City

City & State

Deland

Zip

32763

Country

USA

Zip

32721-6327

Country

USA

5. FEI Number

59-3702922

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
DPST	MCVICKERS, GARY D	1521 W. STEVENS ST.	DELAND FL 32720

100004674741--5
-11/13/01--01004--022
****150.00 ****150.00

01 UBR TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCVICKERS, GARY D
1532 W. STEVENS ST.
DELAND FL 32720

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/22/01

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/01

Daytime Phone #

Page 282



G.D.M. CARPENTRY, INC.

P.O. Box 1182
DeLand, FL 32721-1182

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

October 22, 2001

To Whom It May Concern,

I am respectfully requesting a waiver of the reinstatement fee for this corporation. I was not aware of the process due to the fact that previous notices for the year 2001 were not received.

A representative of your department stated that according to your records the first notice had been returned.

Please accept my payment of \$150.00 for the missed annual reports.

Respectfully,

A handwritten signature in dark ink, appearing to read "Gary D. McVicker". The signature is fluid and cursive, written over a horizontal line.

Gary D. McVicker-
P01000001628