

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013413

1. Corporation Name

GARY MICHAELS, INC.

REINSTATEMENT 03



300024860893

11/19/03--01063--002 **158.75

Principal Place of Business

Mailing Address

960 DICKENS PLACE
WEST PALM BEACH FL 33411

960 DICKENS PLACE
WEST PALM BEACH FL 33411

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

02/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1083511

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------|
| D | SCRITTORALE, GARY | 960 DICKENS PLACE | WEST PALM BEACH FL 33411 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SCRITTORALE, GARY
960 DICKENS PLACE
WEST PALM BEACH FL 33411

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

Gary Scrittorale
REGISTERED AGENT MUST SIGN

Date

11/14/03

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:

Gary Scrittorale GARY SCRITTORALE 11/14/03 (561) 204-5827
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Gary Michaels
Inc.

8060 Belvedere Rd., West Palm Beach Fl., 33411 (561) 204-5827 Fax (561) 204-5828

TO WHOM IT MAY CONCERN,

I AM PRESIDENT OF GARY MICHAELS INCORPORATED AND RESPECTFULLY
SUBMIT THAT WE NEVER RECEIVED ANY OF THE UNIFORM BUSINESS REPORT
NOTICES FOR THE YEAR 2003. I AM REQUESTING THAT YOU WAIVE
REINSTATEMENT FEES.

SINCERELY

Gary Scittorale

GARY SCITTORALE