

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P01000013945

**1. Corporation Name**

GARTLAND CORPORATION

**2. Principal Office Address**  
3355 Ocean Drive

**3. Mailing Office Address**  
3355 Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Vero Beach, FL 32963

**City & State**  
Vero Beach, FL 32963

**Zip** 32963 **Country** USA

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FILED  
03 JUL 29 AM 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** *Q83*

800021921618  
07/29/03--01072--003 \*\*900.00

**4. Date Incorporated or Qualified To Do Business in Florida** July 6, 2001

**5. FEI Number** 65-1078163

Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

**Name** William J. Stewart, Esq.

**Street Address (P.O. Box Number Is Not Acceptable)**

3355 Ocean Drive

**Suite, Apt. #, Etc.**

**City** Vero Beach

**State**  
FL

**Zip Code** 32963

**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**

*William J. Stewart*

**Date** July 11, 2003

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
Director	Jerome D. Sullivan	225 Sago Palm Road	Indian River Shores, FL 32963
President	SAME		
V. Pres.	SAME		
Secretary	SAME		
Treasurer	SAME		

**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)(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:**

*Jerome D. Sullivan*  
Jerome D. Sullivan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date**

**Daytime Phone #**

7/22/03 262-523-3715

CR2E081 (10/02)