

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

08 FEB 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-13-08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000031998

1. Corporation Name

GINN ENGINEERING, INC.

2. Principal Office Address - No P.O. Box #

3948 SE 15th STREET

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34471

Country

USA

3. Mailing Office Address

3948 SE 15th STREET

Suite, Apt. #, etc.

City & State

OCALA, FL 34471

Zip

34471

Country

USA

REINSTATEMENT 06-08
CR2E081 (1/07)

4. Data Incorporated or Qualified
To Do Business in Florida

3-29-01

5. FEI Number

59-3705968

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

7. Name and Address of Current Registered Agent

Name

BARRY GINN

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

3948 SE 15th STREET

Suite, Apt. #, Etc.

City

OCALA

State

FL

Zip Code

34471

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

Barry Ginn

REGISTERED AGENT MUST SIGN

Date 12-27-07

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
P	BARRY GINN	3948 SE 15th STREET	OCALA, FL 34471

100116335821
01/29/08--01019--011 **908.75

100116335821
02/20/08--01007--006 **150.00

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 contained in Chapter 119, 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:

Barry Ginn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-07 (321) 514-8365

Date

Daytime Phone #