

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 OCT 20 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035393

1. Corporation Name

G & P ASSOCIATES, INC.

Principal Place of Business

Mailing Address

12432 HATTON CHASE LANE WEST
JACKSONVILLE FL 32258

12432 HATTON CHASE LANE WEST
JACKSONVILLE FL 32258



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

04/03/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3736312

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	DAVIS, GLENDA L	12432 HATTON CHASE LANE W	JACKSONVILLE FL 32258
D	SILVA, PATTY	5367 CONTINE DR	JACKSONVILLE FL 32277

900023923569
10/20/03--01006--018 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DAVIS, GLENDA
12432 HATTON CHASE LANE WEST
JACKSONVILLE FL 32258

Name

Street Address (P.O. Box Number 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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 13 Oct. 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:

Glenda L. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 Oct 03

Date

904-262-0213

Daytime Phone #

CR2E040 (7/03)

October 14, 2003

GandP Associates
12432 Hatton Chase Lane West
Jacksonville, FL 342258

Divisions of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

I am forwarding a check for \$150 for reinstatement of GandP Associates. I do not recall receiving a notice to file a report at the beginning of the year. I did, however, call to inquire. I was told that a second one would be sent. It never arrived at this address.

Unfortunately, I only have my word for proof of this information. I do know that I have been ill this year and was on bed rest for several weeks, and I have since become debilitated to the point of having to use a walker to get around. During this time of switching medications and being ill, I could have overlooked the document.

At any rate, I do not recall receiving any prior notices, and I hope that you will accept our check for \$150, as we are a small business, yet to make a profit.

Sincerely,

A handwritten signature in black ink, appearing to read 'Glenda L. Davis', with a long horizontal flourish extending to the right.

Glenda L. Davis
CEO