

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JAN 30 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **201000036431**

1. Corporation Name

**Gipson Consulting, Inc.**

900065827969  
02/14/06--01024--024 \*\*758.75

2. Principal Office Address

**14203 Lord Barclay Dr.**

3. Mailing Office Address

**14203 Lord Barclay Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando**

City & State  
**Orlando**

Zip  
**32837**

Country  
**USA**

Zip  
**32837**

Country  
**USA**

**REINSTATEMENT**

03-05

4. Date Incorporated or Qualified  
To Do Business in Florida **04/11/2001**

5. EEL Number  
**593710604**

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  
**Lynn Gipson**

Street Address (P.O. Box Number is Not Acceptable)  
**14203 Lord Barclay Dr.**

Suite, Apt. #, Etc.

City  
**Orlando**

State  
**FL**

Zip Code  
**32837**

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

REGISTERED AGENT MUST SIGN

Date

**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
D	Lynn Gipson	14203 Lord Barclay Drive	Orlando/Florida/32837

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

407-856-8460

Daytime Phone #

K. Eekel FEB 01 2006

2/2

**Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**Re: Non receipt of annual report notice.**

**Gentlemen,**

**I did not receive an annual report notice stating my corporation was in danger of dissolution. Our accountant handled the filings and was in poor health for two years, and we moved during this period.**

**Regards,**

**Lynn Gipson**



**Gipson Consulting, Inc.  
14203 Lord Barclay Drive  
Orlando, Florida 32837**