

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P01000062365**

1. Corporation Name

**GIRVAN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

2001 S RIDGEWOOD AVE  
EDGEWATER FL 32141

2001 S RIDGEWOOD AVE  
EDGEWATER FL 32141

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/21/2001

5. FEI Number

59-3734603

Applied For

Not Applicable

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
DP	GIRVAN, PATRICK J	2201 S RIDGEWOOD AVE	EDGEWATER FL 32141
DST	GIRVAN, TANYA	3109 TRAVELERS PALM DRIVE	EDGEWATER FL 32141

8. Name and Address of Current Registered Agent

PETERSON, PHILIP B  
418 CANAL STREET  
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is 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

11/3/03

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-3-03 386-428-9229

Daytime Phone #

CR20040 (7/03)

NOVEMBER 03,2003

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

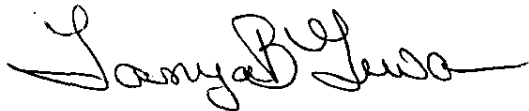
TO WHOM IT MAY CONCERN;

THIS LETTER IS IN REGARDS TO MY CORPORATION. I RECEIVED  
A LETTER STATING THAT MY CORPORATION HAD BEEN  
DISSOLVED. I DID NOT RECEIVE ANYTHING BEFORE THIS AND  
AS THIS IS MY FIRST VENTURE INTO THE CORPORATE WORLD  
HAD NO IDEA THAT I HAD TO RENEW EACH YEAR..

I AM FILLING OUT THE REINSTATEMENT APPLICATION AND  
MAILING IT WITH THE ONE HUNDRED AND FIFTY DOLLAR FEE.

PLEASE LET ME KNOW IF THERE IS ANY PROBLEM.

THANK-YOU IN ADVANCE

A handwritten signature in black ink, appearing to read 'Tanya B. Girvan', with a stylized flourish at the end.

TANYA B. GIRVAN  
GIRVAN ENTERPRISES INC