

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 30 AM 9:54

DOCUMENT # P0100011234

1. Corporation Name

FLO GUM, Inc.

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

7604 Industrial Lane

Suite, Apt. #, etc.

Unit 1A

City & State

Tampa, FL.

Zip

33637

Country

U.S.A.

3. Mailing Office Address

28138 Brokenmead Path

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL.

Zip

33543

Country

U.S.A.

100163185021
11/30/09--01047--024 **1058.75

REINSTATEMENT

03-09

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2001

5. FEI Number

01-0575442

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

Joseph Garrido

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

28138 Brokenmead Path

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33543

☒ 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.

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

Date 11/24/2009

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
DP	Joseph Garrido	28138 Brokenmead Path	Wesley Chapel, FL. 33543
DV	Subecca Garrido	28138 Brokenmead Path	Wesley Chapel, FL. 33543
DST	Concepcion Garrido	28138 Brokenmead Path	Wesley Chapel, FL. 33543

10. E-mail Address: Joe_boy@verizon.net

(To be used for future annual report notification)

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. I further certify, 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:

Joseph Garrido

11/24/2009 813-907-9322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #