

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-04

DOCUMENT #

1. Corporation Name

PG1000122182

G+C TOMLIN INC

2. Principal Office Address

5637 MARINE PKWY

Suite, Apt. #, etc.

3. Mailing Office Address

1363 TROY AVE

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY FL

Zip

34653

Country

PASCO

City & State

SPRING HILL FL

Zip

34606

Country

HERNANDO

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

90-0032485

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

GEORGE L. TOMLINSON

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

1363 TROY AVE

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34606

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

George L. Tomlinson
REGISTERED AGENT MUST SIGN

Date

3/8/04

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
PRES	GEORGE L. TOMLINSON	1363 TROY AVE	SPRING HILL FL 34606
			200030236502 03/23/04-01095-007 **150.00
Vice PRES	CHRISTOPHER TOMLINSON	5930 SIESTA LANE	PORT RICHEY FL 34668

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 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:

George L. Tomlinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-861-7404

Daytime Phone #

CR2081 (01/04)