

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 21 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000007197**

1. Corporation Name

GUNNOE'S MAINTENANCE INC.

Principal Place of Business

5230 SE MEADOW SPRINGS BLVD.
STUART FL 34997

Mailing Address

5230 SE MEADOW SPRINGS BLVD.
STUART FL 34997



REINSTATEMENT 03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/2002

5. FEI Number

01-0588357

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
PD	GUNNOE, ALLEN	5230 SE MEADOW SPRINGS BLVD.	STUART FL 34997
VD	GUNNOE, MELISA	5230 SE MEADOW SPRINGS BLVD.	STUART FL 34997
SD	GUNNOE, SKYLAR	5230 SE MEADOW SPRINGS BLVD.	STUART FL 34997
SD	GUNNOE, EASTON	5230 SE MEADOW SPRINGS BLVD.	STUART FL 34997

400023969314

10/21/03 01060 005 **150.00

8. Name and Address of Current Registered Agent

GUNNOE, ALLEN
5230 SE MEADOW SPRINGS BLVD.
STUART FL 34997

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]

Date 10-15-03

REGISTERED AGENT MUST SIGN

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

10-15-03

Date


772-286-5680

Daytime Phone #

CR20040 (7/03)

Gunnoe's Maintenance Inc.
P02000007197

I do not show any reference of receiving prior notices regarding the above corporation's corporate filing paper work.



Allen Gunnoe
President

10/15/03