

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 22 AM 10:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000007639**

1. Corporation Name

GAW ENTERPRISES, INC.

Principal Place of Business

Mailing Address

~~809 VERANDA PLACE~~ **720 Celebration Ave** ~~809 VERANDA PLACE~~ **613 Front St**
CELEBRATION FL 34747 **St 120** **CELEBRATION FL 34747**



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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3589128

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GAW, PATRICIA S	809 VERANDA PLACE 613 Front St	CELEBRATION FL 34747
D	GAW, Michael T	613 Front St	Celebration FL 34747
CFO	Guizice, Robert D	563 Campus St	Celebration FL 34747

800024012738
10/22/03--01038--024 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GAW, PATRICIA S
809 VERANDA PLACE
CELEBRATION FL 34747

Name

GAW Patricia S

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

613 Front St

Suite, Apt. #, Etc.

City

Celebration

State

FL

Zip Code

34747

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

P. S. GAW
REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

P. S. GAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-16-03 321-624-0420

CR2E040 (7/03)

Gaw Realty Services

On Celebration Avenue

October 16, 2003, 2003

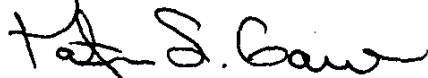
To: Florida Department of State

From: Gaw Enterprises, Inc.

To Whom It May Concern,

Enclosed is a check for \$150.00. I did not receive the renewal request due to an incorrect address. All future mailings should be sent to 613 Front St, Celebration FL 34747 as indicated on the attached from.

Thank you for your assistance,



Patricia S Gaw
President
Gaw Enterprises, Inc.

Thank you,

Patricia S. Gaw
President
Gaw Enterprises, Inc.

ABOVE FOR THE RECORD

1 - 10/16/03