

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 13 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019724

1. Corporation Name

Gelaro DUMP TRUCK Service, INC.

REINSTATEMENT 03-04

2. Principal Office Address

14440 Boney Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32226

Country

USA

City & State

Jacksonville, Florida

Zip

32226

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

45-0479193

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

Tammy S. Gelaro

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

14440 Boney Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32226

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**

Tammy Gelaro
REGISTERED AGENT MUST SIGN

Date 1/12/04

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
DPT	Tammy S. Gelaro	14440 BONEY Rd JAX FL 32226	JAX FL 32226
DS	DAVID B. Gelaro	14440 BONEY Rd	JAX FL 32226

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:

Tammy Gelaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/04
Date

904-751-3553
Daytime Phone #

GELARO DUMP TRUCK SERVICE, INC.
14440 BONEY ROAD JACKSONVILLE, FL. 32226
OFFICE 904-757-0610 FAX 904-751-3109

TO:

FROM: GELARO DUMP TRUCK SERVICE, INC./TAMMY GELARO

SUBJECT: DOC. # P02000019724/FEIN # 45-0479193

DATE: 1/12/2004

CC:

To Whom It May Concern:

I am writing this letter to request that the penalty fee be waived. I did not receive the forms to file the annual reports. I believe that they were mailed to my previous CPA at 3617 Crown Point Road Suite 1, Jacksonville, Florida 32257.

Thank you,



Tammy Gelaro

President