

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PS 1 22*

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 19 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000045578**

1. Corporation Name

GORDON HEIGHTS, INCORPORATED

Principal Place of Business

Mailing Address

5330 NW 32ND STREET
MARGATE FL 33063

5330 NW 32ND STREET
MARGATE FL 33063



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

04/25/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

51-0466060

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 | GORDON, SYLVIA R | 5330 NW 32ND STREET | MARGATE FL 33063 |
| V | GORDON, GERALDINE R | 5330 NW 32ND STREET | MARGATE FL 33063 |
| | | | |
| | | | |
| | | | |
| | | | |

800031755048
04/02/04--01070--009 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORDON, SYLVIA R
5330 NW 32ND STREET
MARGATE FL 33063

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

Sylvia R Gordon
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/1/04

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:

Sylvia R Gordon
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/04

Daytime Phone #

934-746-5011

CR2E040 (7/03)



February, 5th, 2004

RE: Gordon Heights Inc.
Doc NU: P02000045578

To whom it may concern:

~~In reference to the above corporation, my client Ms. Sylvia~~
Gordon, president of Gordon Heights inc. recieved from the department of state the application for reinstatement stating that the corporation was dissolved due to non-filing of the 2003 UBR. It is our understanding that this is the first notice that Ms. Gordon received.

My client didn't receive the 2003 UBR and was unaware of the penalties as well. We ask that you please take this into consideration and waive my client's penalty fees. Thank you for your consideration.

Respectfully,

Colleen Pope
Accounting Associate

Ruth Liverpool, President

Phone: 954-746-5011 • Fax 954-746-7996

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BOOKKEEPING • PAYROLL • FINANCIAL STATEMENTS