

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000076808

1. Entity Name
GORDON METAL FABRICATORS, INC.



FILED

08 JUN 27 AM 10:21

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1209 OLD HOPEWELL ROAD
UNIT A-1
TAMPA, FL 33619

Mailing Address
3607 E KEYSVILLE RD
LITHIA, FL 33547

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1209-OLD HOPEWELL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#A1

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33619

USA.

06202006

REINSTATEMENT

07-08

4. FEI Number

421540377

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, CHRISTOPHER
1209 OLD HOPEWELL RD
A-1
TAMPA, FL 33619

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME GORDON, CHRISTOPHER
STREET ADDRESS 1209 OLD HOPEWELL RD, A-1
CITY-ST-ZIP TAMPA, FL 33619

TITLE VICE-PRESIDENT
NAME GEORGE GORDON
STREET ADDRESS 5166 SPRINGWOOD DR
CITY-ST-ZIP TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

June 24, 2008 813 6639084