

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 13 AM 8:00

DOCUMENT # **P02000098648**

1. Corporation Name

GC LAND DEVELOPMENT, INC.

Principal Place of Business

1400 MARSH LANDING PARKWAY
SUITE 108
JACKSONVILLE BEACH FL 32250
US

Mailing Address

~~312 OSPREY NEST COURT~~
~~PONTE VEDRA BEACH FL 32082~~
US



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

REINSTATEMENT 03 MRD

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

09/12/2002

5. FEI Number

16-1627358

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

P Gary M. Garrison
VP Tom Robert

312 Osprey Nest Ct.
208 Governors Rd.

Ponte Vedra, FL 32082
Ponte Vedra, FL 32082

100023750111
10/13/03--01065--011 **150.00

8. Name and Address of Current Registered Agent

GARRISON, GARY M
312 OSPREY NEST COURT
PONTE VEDRA BEACH FL 32082

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



G C Land Development, Inc.

October 9, 2003

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

I, Gary M. Garrison, President of G C Land Development, Inc. have never received a Uniform Business Report form.

Please find enclosed a completed application and a check for my annual filing fee.

Thank you.

Gary M. Garrison
President