

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000092392

1. Corporation Name

Gibson's Financial Group Inc.

2. Principal Office Address - No P.O. Box #
250 West 9th

Suite, Apt. #, etc.

City & State
Jacksonville Florida

Zip
32206

Country
Duval

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

CR2E081 (1/07)

06 07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
571184513

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
Rowland V. Williams

Street Address (P.O. Box Number is Not Acceptable)
6411 - 1 Arlington Road

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32211

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Rowland V. Williams

REGISTERED AGENT MUST SIGN

Date *10/30/07*

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
CEO	Michael A. Scott	250 West 9th	Jacksonville Florida 32206
PTS	Michael A. Scott	250 West 9th	Jacksonville Florida 32206

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 contained in Chapter 119, 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 #

Vencient's Business Services, PA

6411-1 Arlington Road • Jacksonville, FL 32211

(904) 744-2439 • Fax: (904) 744-2440 E-mail rowland@vbservices.net

October 30, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: P03000092392
Gibson's Financial Group Inc.
Corporation Reinstatement

TO Whom It May Concern:

This letter is to verify that the above Corporation update for the Annual Report for Fiscal Years 2006 and 2007 annual report filing was not the fault of the Corporation Officer Michael A. Scott. Mr. Scott had moved his office and did not received the notices for renewals.

I have been out of my Office off and on for the last (2) Years because of Illness and did not track the update status of my client's corporation.

It is the request that Gibson's Financial Group Inc., be reinstated without penalty. If additional information is required, please let me know. I can be reached at the above phone number or e-mail.

Respectfully,



Rowland V. Williams
Accountant/Tax Practitioner