

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000 105263

1. Corporation Name

J.Gerber, Inc

2. Principal Office Address - No P.O. Box #

411 S.W.Sundance Trail

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port Saint Lucie

City & State

Florida

Zip

34953

Country

U.S.

Zip

Country

7. Name and Address of Current Registered Agent

Name

Eugene Gerber

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

411 S. W. Sundance Trail

Suite, Apt. #, Etc.

City

Port St Lucie,

State

FL

Zip Code

34953

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

REGISTERED AGENT MUST SIGN

Date 3-08-2010

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
P	Joan Gerber	411 S.W.Sundance Trail	Port St. Lucie, Florida 34953
VP	John Adams	4987 Herridge Drive	Baton Rouge, LA 70817
D	Gene Gerber	411 S.W Sundance Trail	Port St. Lucie, FL 35953

10. E-mail Address: murphmeg@gate.net

(To be used for future annual report notification)

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. I further certify, 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 #

FILED

10 MAR 11 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400171867564

03/11/10--01025--003 **1058.75

REINSTATEMENT

08-10

4. Date Incorporated or Qualified To Do Business in Florida

09/22/03

5. FEI Number

200782319

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☐ 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.