

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 23 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000142193

1. Corporation Name

Gregco Enterprises Inc

2. Principal Office Address

1329 San Miguel Lane

Suite, Apt. #, etc.

City & State

Fort Myers Florida

Zip
33903

Country
Lee

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

01-01-05 04

5. FEI Number

20-0447072

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

R Earl Lanus

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

4937 21st Place SW

Suite, Apt. #, Etc.

City

Naples

State
FL

Zip Code
34116

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

R. Earl Lanus

REGISTERED AGENT MUST SIGN

Date 12-12-05

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
Pres	Gregory Johnson	1329 San Miguel Lane	Fort Myers Florida 33903
VP	Gregory Johnson	1329 San Miguel Lane	Fort Myers Florida 33903
Sec/Treas	Gregory Johnson	1329 San Miguel Lane	Fort Myers Florida 33903

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 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/05

Date

239 633-2374

Daytime Phone #