

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 21 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000146875

1. Corporation Name

Gaebel, Inc

REINSTATEMENT 04

2. Principal Office Address

19670 Beach Rd

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33469

Country

3. Mailing Office Address

19670 Beach Rd

Suite, Apt. #, etc.

City & State

Jupiter, Florida

Zip

33469

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/3/03

5. FEI Number

810639460

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

Rolf R. Gaebele

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

19670 Beach Rd

Suite, Apt. #, Etc.

City

Jupiter

State
FL

Zip Code

33469

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

Rolf R. Gaebele

REGISTERED AGENT MUST SIGN

Date

10/20/04

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
D	Rolf R. Gaebele	19670 Beach Rd	Jupiter, FL 33469

600042073996

10/21/04--01054--018 **750.00

10/25

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:

Rolf R. Gaebele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/04

Date

772-545-7740

Daytime Phone #

CR2E081 (01/04)