

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000153953

1. Corporation Name

JOHN GILMORE WOODWORK INC

2. Principal Office Address

2028 SPRING LAKE HWY

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

Zip
34602

Country
US

3. Mailing Office Address

2028 SPRING LAKE HWY

Suite, Apt. #, etc.

City & State

BROOKSVILLE FL

Zip
34602

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/17/2003

5. FEI Number

20-0543524

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

JOHN GILMORE

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

2028 SPRING LAKE HWY

Suite, Apt. #, Etc.

City

BROOKSVILLE FL

State
FL

Zip Code
34602

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

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
PR	JOHN GILMORE	2028 SPRING LAKE HWY	BROOKSVILLE FL 34602
	<i>[Signature]</i>		

500076205815
06/14/06--01043--003 **450.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Gilmore

6-2-06

Date

813-283-8214

Daytime Phone #



H&R BLOCK
tax & business services

June 2, 2006

Department of State
Divisions of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: JOHN GILMORE WOODWORK INC
DOCUMENT # P03000153953
EIN NUMBER 20-0543524

To Whom It May Concern:

Please reinstate John Gilmore Woodwork Inc as a Florida Corporation. Enclosed, you will find his Corporation Reinstatement Form along with a check in the amount of \$450.00. He did not file or pay for the years 2004, 2005, or 2006 because he received no notification and was unaware that he had to do so. He will make all future filings in a timely manner and has instructed me to do the filing for him.

Sincerely,

A handwritten signature in cursive script that reads "Cecilia Miller".

Cecilia Miller

A handwritten signature in cursive script that reads "John Gilmore".

John Gilmore

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