

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 FEB 22 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000001230

1. Corporation Name

GARY A CARD INC

W07000007153

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

6604 MARGARET dr

Suite, Apt. #, etc.

3. Mailing Office Address

6604 MARGARET dr

Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Port Richey FL

Zip

34668

Country

PASCO

Zip

34668

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/03

5. FEI Number

651213282

☒ 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

GARY A CARD

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

6604 MARGARET dr

Suite, Apt. #, Etc.

Port Richey

City

State

FL

Zip Code

34668

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02/01/07

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
<u>VP</u>	<u>GARY A CARD JR</u>	<u>6604 MARGARET dr</u>	<u>Port Richey FL 34668</u>

B2/23/07

REINSTATEMENT

JS-07

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

GARY A CARD

02/01/07

Date

Daytime Phone #

225142691