

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -5 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700137666657
11/05/08--01020--017 **300.00

REINSTATEMENT 07-08

CR2E081 (10/08)

DOCUMENT # **PO4000022722**

1. Corporation Name

Gideon Communications, Inc

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

203 8th ST

Suite, Apt. #, etc.

3. Mailing Office Address

203 8th ST

Suite, Apt. #, etc.

City & State

NSB, FL

Zip

32168

Country

Volusia

City & State

NSB, FL

Zip

32168

Country

Volusia

4. Date Incorporated or Qualified
To Do Business in Florida

1/23/04

5. FEI Number

65-0451463

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

John D Mayo

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

203 8th ST

Suite, Apt. #, Etc.

City

NSB

State

FL

Zip Code

32168

☒ 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

JDMayo

REGISTERED AGENT MUST SIGN

Date **10/30/2008**

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	John D. Mayo	203 8th ST NSB, FL 32168	✓

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:

JDMayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/2008

Date

386 290 9639

Daytime Phone #

211/6

Page 2072

To whom it may concern,

I John D Mayo, did not receive prior notices for my Corporation
Annual Report. I have moved a lot during the past 1 1/2, and did not realize
I was lapse until I needed the paperwork for something.

Thanking you in advance for your understanding.

JD Mayo