


\$450.00 for 08/09/10

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR -8 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000071631

1. Corporation Name

G.A.C. ENTERPRISES OF TAVARES, INC.

REINSTATEMENT 08-10

200175002142  
04/08/10--01043--019 \*\*\*450.00  
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # <u>351 N. DUNCAN DR</u>		3. Mailing Office Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>TAVARES, FL</u>		City & State <u>Same</u>	
Zip <u>32778</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida <u>07/01/2005</u>	
5. FEI Number <u>202987186</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>George A Chamberlain</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>3030 Pine Grove Ln.</u>			
Suite, Apt. #, Etc.			
City <u>Lady Lake</u>	State <u>USA</u>	Zip Code <u>FL 32159</u>	

☒ 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

George A Chamberlain  
REGISTERED AGENT MUST SIGN

Date 4/5/10

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, VP	George Chamberlain	3030 Pine Grove Ln	Lady Lake, FL 32159
T, S	Donna Chamberlain	3030 Pine Grove Ln	Lady Lake, FL 32159

204/12

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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

George A Chamberlain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/10

Date

352  
343-0069

Daytime Phone #