

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 27 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000066838

1. Corporation Name

Irvin Gardner Enterprises, Inc.
6033 Shawmut Street
Tallahassee, FL 32305

REINSTATEMENT 08-09

CR2E081 (12/08)

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

6033 Shawmut St.

Suite, Apt. #, etc.

3. Mailing Office Address

6033 Shawmut St.

Suite, Apt. #, etc.

City & State

Tallah., FL

City & State

Tallah., FL

Zip

32305

Country

USA

Zip

32305

Country

USA

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

5. FEI Number

26-0312602

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

Irvin Gardner, Jr.

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

6033 Shawmut Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32305

☒ 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

Irvin Gardner, Jr.

REGISTERED AGENT MUST SIGN

Date

10/27/09

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>P</u>	<u>Irvin Gardner, Jr.</u>	<u>6033 Shawmut St</u>	<u>Tall., FL 32305</u>
<u>✓</u>	<u>Jannice Gardner</u>	<u>6033 Shawmut St.</u>	<u>Tall., FL 32305</u>

700162236727
10/28/09--01001--004 **\$08.75

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:

Irvin Gardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/27/09 850-251-8527

Daytime Phone #