

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAR 27 AM 7:34

DOCUMENT # PO8000106589

1. Corporation Name

Gaines and Sons Striping, Inc

REINSTATEMENT

CR2B081 (11/10)

2016-2017

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

8771 Jimerce Court

Suite, Apt. #, etc.

n/a

3. Mailing Office Address

8771 Jimerce Court

Suite, Apt. #, etc.

n/a

City & State

Tallahassee, FL

Zip

32309

Country

City & State

Tallahassee, FL

Zip

32309

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1/2/09

5. FEI Number

26-3847948

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRE:

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Gloria Henderson

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

8771 Jimerce Court

Suite, Apt. #, Etc.

n/a

City

Tallahassee

State

FL

Zip Code

32309

000297244570
03/28/17-01002--005 **300.00

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 3/27/17

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>D</u>	<u>Willie J. Gaines</u>	<u>8771 Jimerce Court</u>	<u>Tallahassee, FL 32309</u>
<u>D</u>	<u>Lakeysha Gaines</u>	<u>Same as above</u>	<u>Same as above</u>
<u>D</u>	<u>Michael J. Gaines</u>	<u>"</u>	<u>"</u>
<u>D</u>	<u>Alpha Gaines</u>	<u>"</u>	<u>"</u>
<u>D</u>	<u>Gloria Henderson</u>	<u>"</u>	<u>"</u>

10. E-mail Address: gainesandsons@hotmail.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/17 850-8934084

Date

Daytime Phone #