

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 21 PM 3:33

DOCUMENT # P08000110455

1. Corporation Name

GIC ENTERPRISES, INC

KS

500185670295
09/21/10--01002--007 **500.00

CR2E081 (6/10)

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

330 SW LAPAZ TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

330 SW LAPAZ TERRACE

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip Country

32024

City & State

Lake City, FL

Zip Country

32024

4. Date Incorporated or Qualified
To Do Business in Florida

1-1-2009

5. FEI Number

26-3957379

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500185670295
09/21/10--01002--008 **50.00

7. Name and Address of Current Registered Agent

Name

Adrian Dunham

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

330 SW Lapaz Terrace

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32024

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

Adrian Dunham

REGISTERED AGENT MUST SIGN

Date Sept 13, 2010

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
D/PS	Adrian Dunham	330 SW Lapaz Terrace	Lake City, FL 32024
D/VT	Eugene Stanley Jr.	5201 Glen Alan Court South	Jacksonville, FL 32210

10. E-mail Address: unitymove@att.net

(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:

Adrian Dunham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 13, 2010

Date

386-344-2359

Daytime Phone #