

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 OCT 16 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P11000084194**

1. Corporation Name

G. J. Jordan Inc.

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

317 26th St SW

Suite, Apt. #, etc.

3. Mailing Office Address

317 26th St SW

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33880

Country

USA

City & State

Winter Haven, FL

Zip

33880

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/11

5. FEI Number

45-3611909

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

Gabriel Jordan

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

317 26th St SW

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33880

600240292376

10/16/12--01003--008 **158.75

600240292376

10/01/12--01054--031 **600.00

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

Gabriel Jordan
REGISTERED AGENT MUST SIGN

Date **9-26-12**

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	Gabriel Jordan	317 26 th St SW	Winter Haven / FL / 33880

REINSTATEMENT

OCT 16 2012

R. HUNT

10. E-mail Address: **G-manny P1@aol.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:

Gabriel Jordan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-26-12 863-586

Daytime Phone #

0486