

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 30 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12221

1. Corporation Name

WALTER T. GYNN ASSOCIATES, INC.

2. Principal Office Address

100 N. Tampa Street

Suite, Apt. #, etc.

Suite 3770

City & State

Tampa, FL

Zip

33602

Country

USA

3. Mailing Office Address

100 N. Tampa Street

Suite, Apt. #, etc.

Suite 3770

City & State

Tampa, FL

Zip

33602

Country

USA

REINSTATEMENT

9401

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

11/19/86

5. FEI Number

251432123

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alfred A. Colby

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

Akerman Senterfitt & Eidson, P.A.

Suite, Apt. #, Etc.

100 S. Ashley Drive, Suite 1500

City

Tampa

State

FL

Zip Code

33602

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 05/25/01

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/P/ S/T	Walter T. Gynn	100 N. Tampa St., Ste. 3770	Tampa, FL 33602

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 under section 119.07(3)(i), 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:

[Signature]

Walter T. Gynn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-01

Date

813-226-1888

Daytime Phone #