

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 15 AM 9:19

DOCUMENT # P18348

1. Corporation Name

GIBBS CONSTRUCTION COMPANY

Principal Place of Business

5736 CITRUS BOULEVARD
P.O. BOX 23730
NEW ORLEANS LA 70183-3730

Mailing Address

5736 CITRUS BOULEVARD
P.O. BOX 23730
NEW ORLEANS LA 70183-3730

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1988

5. FEI Number

72-0797877

Applicable

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PS	GIBBS, LAWRENCE C.	5736 CITRUS BLVD.	HARAHAN LA

000004639930--9

-10/17/01--01067--013

****900.00 ****900.00

8. Name and Address of Current Registered Agent

BROWN, DARYL J.
1819 MAIN STREET
SUITE 1100
SARASOTA FL 34236

9. Name and Address of New Registered Agent

Name

Donald D. Clark, Esq.

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

1819 Main Street, Suite 500

Suite, Apt. #, Etc.

Sarasota City Center

City

Sarasota

State

FL

Zip Code

34236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #