

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 30 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000067789

1. Corporation Name

Gwinn Realty, Inc.

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

316-B South County Road

3. Mailing Office Address

P.O. Box 2683

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

City & State

Palm Beach, FL

Zip 33480

Country USA

Zip 33480

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/1993

5. FEI Number

65-0442676

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

Rachel C. Gwinn

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

389 South Lake Drive

Suite, Apt. #, Etc.

City

Palm Beach

State

FL

Zip Code

33480

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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

Rachel C. Gwinn
REGISTERED AGENT MUST SIGN

Date *4/29/2010*

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	Rachel C. Gwinn	389 South Lake Drive	Palm Beach, FL 33480

205/5

10. E-mail Address: gjecpa@bellsouth.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:

Rachel C. Gwinn

RACHEL C. GWINN

4/29/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #