

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P93000078502

1. Corporation Name

J. DENNIS GORDON, INC.

Principal Place of Business	Mailing Address
12205 PARK DRIVE COOPER CITY FL 33026	12205 PARK DRIVE COOPER CITY FL 33026

FILED

01 JAN 11 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT


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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0454500	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	GORDON, DENNIS J	12205 PARK DRIVE	COOPER CITY FL 33026
			900003582509--1 -01/26/01--01143--019 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
GORDON, DENNIS J 12205 PARK DRIVE COOPER CITY FL 33026	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State FL	Zip Code

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** Date 12/29/00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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 12/29/00 954-580-2291
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #