

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Matthew H. Harris~~
Secretary of State
DIVISION OF CORPORATIONS

OR UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # **093000088766**

1. Corporation Name

R. L. Gordon & Company, Inc.

2. Principal Office Address,

7 W. Main Street

Suite/Apt. #, etc.

1200

City & State

Apopka, FL

Zip

32703

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/94

5. FEI Number

59-3217633

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

Ronald Gordon

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

7 W. Main Street

Suite, Apt. #, Etc.

Suite 1200

City

Apopka

Office

Home

32702 Wolf's Tr.

Sorrento, FL 32776

State

FL

Zip Code

32703

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

Ronald Gordon

REGISTERED AGENT MUST SIGN

Date **10/31/02**

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
Pres.	RONALD L. GORDON	32702 Wolf's Trail Sorrento, FL	32776
V-P	SUSAN D. GORDON	Same	
Sec. Treas.	SUSAN D. GORDON	Same	

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:

Ronald L. Gordon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

407-889-0880

Daytime Phone #

CR2E081 (9/01)