

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAR 10 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA4000041561

1. Corporation Name

Gannaway Productions, Inc.
2500 Silver Star Road Suite E
Orlando, FL 32804

Principal Place of Business

Mailing Address

2500 Silver Star Road, Suite E
Orlando, FL 32804

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

REINSTATEMENT 96-97

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3246782

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	A. Gannaway	2500 Silver Star Rd, Ste E	Orlando, FL 32804
VP/D	M. Gannaway	2500 Silver Star Rd, Ste E	Orlando, FL 32804

9000002110563--8

-03/11/97--01131--010

****915.00 ****915.00

[Handwritten Signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

A. Gannaway

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

2500 Silver Star Road

Suite, Apt. #, Etc.

Suite E

City

Orlando

State

FL

Zip Code

32804

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3/6/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/6/97

Daytime Phone #

(407) 578-8603