

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 17 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P94000065040

1. Corporation Name

David Gilmore Inc.

2. Principal Office Address

1654 S.E. Walton Rd

Suite, Apt. #, etc.

Bay B

City & State

Port St. Lucie FL

Zip

34952

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

REINSTATEMENT 01-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0520723

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

Joshua David Gilmore

400029296164

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

380 N.W. Embury Way

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-12-04

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	Joshua D. Gilmore	380 N.W. Embury Way	Jensen Beach FL 34957

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joshua D. Gilmore 2-12-04 972-285-2197

Date

Daytime Phone #

CR2E081 (10/02)