

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

PA4000083104

NOV 22 11 01 AM '99

1. Corporation Name

GEIGER, INC.

SUBMITTED BY  
TARON SPRINGS, FLORIDA

Principal Place of Business

Mailing Address

REINSTATEMENT AB-99

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

2. New Principal Office Address, If Applicable

3351 Old KEYSTONE Rd.

Suite, Apt. #, etc

3. New Mailing Office Address, If Applicable

3351 Old KEYSTONE Rd.

Suite, Apt. #, etc

4. Date Incorporated or Qualified  
To Do Business in Florida

11/10/94

5. FEI Number

59-3288219

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

City & State

TARON SPRINGS FLORIDA

Zip  
34689

Country

City & State

TARON SPRINGS FLORIDA

Zip  
34689

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	GEIGER, MATTHEW A.	3351 Old KEYSTONE Rd	TARON SPRINGS, FLORIDA 34689
P	GEIGER, MARK A.	3351 Old KEYSTONE Rd	TARON SPRINGS, FLORIDA 34689
VT	GEIGER, JOHN A.	3351 Old KEYSTONE Rd	TARON SPRINGS, FLORIDA 34689
S	GOTTLIEB, JERRY	2475 ENTERPRISE Rd STE 100	CLEARWATER, FLORIDA 33763

600002785676--8

-02/24/99--01070--005  
\*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.  
2475 ENTERPRISE ROAD STE 100  
CLEARWATER, FLORIDA 33763

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State | Zip Code  
FL |

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible Tax)

12. 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

MARK A. Geiger, Pres.

2-18-99

Date

Daytime Phone #