

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 27 AM 10:43

DOCUMENT # **P95000044336**

1. Corporation Name

**GEDCO USA, INC.**

**REINSTATEMENT 02-03**



Principal Place of Business

Mailing Address

**6100 DEACON DR  
WINDERMERE FL 34786**

**200 S ORANGE AVE  
SUITE 2300  
ORLANDO FL 32801-3432  
US**

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

**06/08/1995**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-3319371**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. 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	4 City / State / Zip
PD	O'RIORDAN, GERARD	6100 DEACON DR	WINDERMERE FL 34786
VS	LLOYD, KATHY	6100 DEACON DR	WINDERMERE FL 34786
T	PIERCY, TYLER	6100 DEACON DRIVE	WINDERMERE FL 34786

**500013737815  
03/10/03--01085--024 \*\*900.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**A.G.C. CO.**

**200 S ORANGE AVE**

**SUITE 2300**

**ORLANDO FL 32801-3432**

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

**3/28/03**

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/21/07**

Daytime Phone #

CR2E040 (8/02)