

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 # P95000056187

1. Corporation Name

GECKO GARDENS INCORPORATED

Principal Place of Business

P.O. BOX 57835
JACKSONVILLE FL 32241

Mailing Address

P.O. BOX 57835
JACKSONVILLE FL 32241

FILED

07 MAR 10 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 76-97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/19/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3325129	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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	Rick Croteau	1308 Wolfe St	Jacksonville/FL/32205
V	James Morgan	1308 Wolfe St	Jacksonville/FL/32205
V/T/S	Eric Murphy	14207 Crystal Cove Dr. S	Jacksonville/FL/32224
V	Suzanne Murphy	14207 Crystal Cove Dr. S	Jacksonville/FL 32224
TV	Micheal Baker	2105 East Winter Park Rd	Orlando/FL/32803

8. Name and Address of Current Registered Agent

MURPHY, ERIC
14207 CRYSTAL COVE DR. SOUTH
JACKSONVILLE FL 32224

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City

700002110857--9
-03/12/97--01027--015
****323, FL ****323.75

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

Eric Murphy

REGISTERED AGENT MUST SIGN

Date

1/31/97

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 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:

Eric Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/97

631-8867

Daytime Phone #

CRE0040 (7/96)