

96 AR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSAPPROVED  
AND  
FILED

96 SEP 23 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800001968558

-10/09/96--01016--001

\*\*\*225.00 \*\*\*225.00



DOCUMENT # P95000077571

1. Corporation Name

R.D. GIBB CORPORATION, INC.

Principal Place of Business

8845 HORIZON DRIVE  
SPRINGHILL FL 34608

Mailing Address

9845 HORIZON DRIVE  
SPRINGHILL FL 34608

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1995

5. FEI Number

59-3337678

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GIBB, RONALD D	507 ULEAH AVENUE	PALM HARBOR FL 34683
PD	THOMAS, GERALD A	9845 HORIZON DRIVE	SPRINGHILL FL 34608
<del>VD</del>	<del>CROWE, HARL R</del>	<del>12461 HARRISON STREET</del>	<del>BROOKSVILLE FL 34813</del>
TS	THOMAS, SHARON L	9845 HORIZON DRIVE	SPRINGHILL FL 34608
<del>S</del>	<del>CROWE, KATHY L</del>	<del>12461 HARRISON STREET</del>	<del>BROOKSVILLE FL 34813</del>
			RE-FEE WAIVED SEE LETTER

8. Name and Address of Current Registered Agent

BLACKBURN, BRYAN E  
1921 DEWEY PLACE  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

GERALD A THOMAS

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

9845 HORIZON DRIVE

Suite, Apt. #, Etc.

SPRINGHILL

City

SPRINGHILL

State

FL

Zip Code

34608

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

9-20-96

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)(j), 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

9-20-96

Date

352-686-7840

Daytime Phone #

CP20040 (7/96)