

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS



FILED

97 AUG 13 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000078066

1. Corporation Name

GILSAN, INC.

W97000017831

Principal Place of Business

Mailing Address

~~7-HEMLOCK TER.~~ 4279W Hwy 40
OCALA FL 34472 Ocala, FL 34475

~~7-HEMLOCK TER.~~ 4279W Hwy 40
OCALA FL 34472 Ocala, FL 34475



REINSTATEMENT

96-97
aw

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

2. New Principal Office Address, If Applicable

4279W Hwy 40

3. New Mailing Office Address, If Applicable

4279 W. Hwy 40

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3341235

Applied For

Not Applicable

City & State

Ocala FL

City & State

Ocala, FL

Zip

34475

Country

Marion

Zip

34475

Country

Marion

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 | SANCHEZ, GILBERT | 7-HEMLOCK TER. 4279W Hwy 40, FL | OCALA FL 34472 |
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-08/20/97--01122--005
****315.00 ****315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAMBERLIN, G. RICHARD
6044 SE AGNEW RD.
BELLEVUE FL 34421-3370

Name

Terrel Hood

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

514 SW 2ND AVE

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34474

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

Terrel L. Hood

REGISTERED AGENT MUST SIGN

Date

8-14-97

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: ✓

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR22040 (7/95)