

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 # **P95000078146**

1 Corporation Name

GIGGLING GARGOYLE, INC.

FILED

96 NOV 12 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~82 SAN MARCO AVE.~~
~~ST. AUGUSTINE FL 32084~~
1320 Harbor Road
Green Cove Springs, FL 32043

~~82 SAN MARCO AVE.~~
~~ST. AUGUSTINE FL 32084~~
117 Park Avenue
Suite 5
Orange Park, FL 32073

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

2. New Principal Office Address, If Applicable

1320 Harbor Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

117 Park Avenue

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

USA

City & State

Orange Park, FL

Zip

32073

Country

USA

REINSTATEMENT *96*

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1995

5. FEI Number 099664377

65-06-019215-55

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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	YAHRE, LEWIS B	82 SAN MARCO AVE. 1320 Harbor Road	ST. AUGUSTINE FL 32084 Green Cove Springs, FL 32043
D	YAHRE, MELVIN L	82 SAN MARCO AVE. 1320 Harbor Road	ST. AUGUSTINE FL 32084 Green Cove Springs, FL 32043
D	YAHRE, ARLENE F	82 SAN MARCO AVE. 1320 Harbor Road	ST. AUGUSTINE FL 32084 Green Cove Springs, FL 32043
			300002008553--3 -11/19/96-01144-024 ***175.00 ***175.00
			<i>AS 11/3/96</i>

8. Name and Address of Current Registered Agent

YAHRE, LEWIS B
~~82 SAN MARCO AVE.~~
~~ST. AUGUSTINE FL 32084~~
1320 Harbor Road
Green Cove Springs, FL 32043

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

300002008553--3
-11/19/96-01144-025
***200.00 ***200.00

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

Lewis B. Yahre
REGISTERED AGENT MUST SIGN

Date 10/09/1996

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)(f), 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: *Lewis B. Yahre*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/96 (904) 284-8999
Date Daytime Phone #