

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 29 PM 2:53

DOCUMENT # P96 000007753

1. Corporation Name

Lynn L. Gilgen P.A.

2. Principal Office Address

760 Dowding Way

Suite, Apt. #, etc.

3. Mailing Office Address

760 Dowding Way

Suite, Apt. #, etc.

City & State

The Villages FL

City & State

The Villages FL

Zip

32162

Country

Sumter

Zip

32162

Country

Sumter

700017310367
04/29/03--01061--003 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 22 1996

5. FEI Number

59-3356083

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lynn L Gilgen

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

760 Dowding Way

Suite, Apt. #, Etc.

City

The Villages FL

State

FL

Zip Code

32162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 4-17-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres</u>	<u>Lynn Gilgen</u>	<u>760 Dowding</u>	<u>The Villages FL</u>
<u>Vice</u>	<u>Paula Gilgen</u>	<u>760 Dowding</u>	<u>- - - - -</u>

10. 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:

Lynn L Gilgen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-17-03

Daytime Phone #

352
751-0382

CR2E081 (10/02)