

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 # **P96000073401**

1. Corporation Name **GJP CONSULTING, INC.**

Principal Place of Business Mailing Address
1000 Lee Blvd. 1000 Lee Blvd.
Lehigh Acres, FL 33936 Lehigh Acres, FL 33936

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

2. New Principal Office Address, If Applicable
2506 A Lakeview Drive
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
2506 A Lakeview Drive
Suite, Apt. #, etc.

City & State
Lehigh Acres, FL

City & State
Lehigh Acres, FL

Zip Country
33972 Lee

Zip Country
33972 Lee

4. Date Incorporated or Qualified To Do Business in Florida
09/05/96

5. FEI Number ☐ 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	Palatzky, Gerlinde	2506 A Lakeview Drive	Lehigh Acres, FL 33972

REINSTATEMENT

97-98
T3. 5/27

8. Name and Address of Current Registered Agent

Sunny Island Building, Inc.
1000 Lee Boulevard
Lehigh, FL 33936

9. Name and Address of New Registered Agent

Name **Gordon R. Duncan, Esquire**
Street Address (P.O. Box Number is Not Acceptable)
1601 Jackson Street
Suite, Apt. #, Etc. **Suite 101**
City **Fort Myers** State **FL** Zip Code **33901**

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

GORDON R. DUNCAN REGISTERED AGENT MUST SIGN

Date **5/20/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Gerlinde Palatzky, Director

5/20/98 (941) 334-4574
Date Daytime Phone #

CR2E040 (1/98)