

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P96000074652

1. Entity Name  
DICKINSON G.P., INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

37 DEC -5 PM 2:11

Principal Place of Business  
3556 EAST FORREST LAKE DR  
SARASOTA, FL 34232-4714 US

Mailing Address  
3556 EAST FORREST LAKE DR  
SARASOTA, FL 34232-4714 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10302007

REIN-P

CR2E098 (1/07)

City & State

City & State

4. FEI Number

59-3413113

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIPER, JR R H  
330 S PINEAPPLE AVE  
STE 106  
SARASOTA, FL 34236

Name  
Robert W. Darnell

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

1820 Ringling Boulevard

City  
Sarasota

FL

Zip Code  
34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent who is not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

11-4-07

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT DICKINSON, PATRICK H. 3556 FOREST LAKE DRIVE E. SARASOTA, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPS DICKINSON, BARBARA 3556 FOREST LAKE DRIVE E. SARASOTA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP Dickinson, Patrick Vance 3664 Beneva Oaks Blvd. Sarasota, FL 34238	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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B n/s/07  
REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-04-07

Date

Daytime Phone #