2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000089132 1. Entity Name J.F. GERLACH, INC.			07 MAY 14 PM 3: 46
·			7
Principal Place of Business	Mailing Address		LAL, MASSEE, FLORIDA
101 GARDEN AVE., #110 CLEARWATER, FL 33755	101 GARDEN AVE., #1° Clearwater, FL 3375		, , , , , , , , , , , , , , , , , , , ,
CLEARWATER, FL 33755	CLEARWATER, FL 3373	55	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
17157 U.S. Hwy 19N 17757 U.S. Hwy Suite, Apt. #, etc.		5. Hwy 19N	- PEINSTATEMENT
#275 #275			OPENINDEMI LIVILLERZE098 (1669 C U
City & State Clearwater FL Clearwater FL		GI .	4. FEI Number Applied For 59-3422676 Not Applicable
Zip Country	Zíp	Country	5 Certificate of Status Desired \$8.75 Additional
6. Name and Address of Currei	33764		7. Name and Address of New Registered Agent
·		Name	
IOTOANDERAVE., #TIO			s (P.O. Box Number is Not Acceptable) 57 U.S. HWU 19N # 275
CLEARWATER, FL 33755		1333	ST DS. TING THE ETS
		City Clear	water FL Zip Code
The above named entity submits this statement	the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.			4/2/2
SIGNATURE Signalule, typed or printed partie of row stared age	ant and tile if applicable (NOTE	E: Registered Agent signature re	quired when reinstating) DATE
FILE NOW!!! FEE IS \$900.00			
	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME GERLACH, JOHN F	☐ Defete	IITLE NAME	
STREET ADDRESS 109 MANATEE ROAD CITY-ST-ZIP BELLEAIR, FL 33756		STREET ADDRESS CITY-ST-ZIP	05/31/0701022015 ***900.00
TITLE VP\D	☐ Delete	TITLE	Change Addition
NAME GERLACH, DEBRA J STREET ADDRESS 109 MANATEE ROAD		NAME STREET ADORESS	J'5/22
CITY-SI-ZIP BELLEAIR, FL 33756		CITY-ST-ZIP	•
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		City-St-ZiP	
TITLE NAME	☐ Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-S1-ZIP	☐ Change ☐ Addition
TITLE NAME	☐ Delete	TITLE NAME	Change Munion
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	
TITLE	Delete	TITLE	☐ Change ☐ Addition
NAME		NAME CARCET AROPESES	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-\$1-ZIP	
12. I hereby certify that the information supplied w	ith this filing does not qualify for	or the exemptions contain	ned in Chapter 119, Florida Statutes. I further certify that the information has same legal effect as if made under path; that I am an officer or director
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 attachagent with an address, with all other like empowered.			
SIGNATURE: 1 (1/30/0)			
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAIS DAIS DAIS DAIS			
			