

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 DEC -1 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097521

1. Corporation Name
GAMBOL, INC.

Principal Place of Business
**19050 GLADES ROAD
PORT ST. LUCIE FL 34987**

Mailing Address
**18050 GLADES ROAD
PORT ST. LUCIE FL 34987**

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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	COLES, JOSEPH A	220 KINGS POINT DRIVE, NO. 108	NORTH MIAMI BEACH FL 33160

200002364462--6
-12/05/97--01082--025
******165.00 ****165.00**

11/21/97

8. Name and Address of Current Registered Agent

COLES, JOSEPH A
220 KINGS POING DRIVE, NO. 108
NORTH MIAMI BEACH FL 33160

9. Name and Address of New Registered Agent

Name

N/A

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Joseph A. Coles

REGISTERED AGENT MUST SIGN

Date *11/21/97*

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:

Joseph A. Coles
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-97
Date

305-945-8601
732-389-2456
Daytime Phone #

CR2E040 (8/97)

Gambol, Inc.
19050 Glades Road
Port St. Lucie Florida, 34987

Florida Department of State
Sandra B. Mortham, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida, 32314

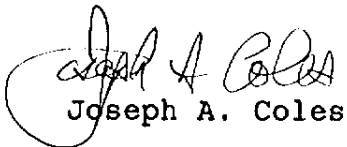
Dear Ms. Mortham;

Regarding the enclosed application for reinstatement, please be advised that we did not receive an annual report form to file. Our corporation was formed in December 1996, possibly not time enough to be included in the mailing.

We are requesting an abatement of the reinstatement fee, and I am enclosing a check for \$165.00 to cover the annual report fees.

Thank you for your consideration.

Very truly yours,


Joseph A. Coles

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003
Expires 12-31-96

Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) GAMBOL INC.	
	2 Trade name of business, if different from name in line 1	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) 19050 GLADES ROAD	5a Business address, if different from address in lines 4a and 4b
	4b City, state, and ZIP code PORT ST. LUCIE, FL. 34987	5b City, state, and ZIP code
	6 County and state where principal business is located ST. LUCIE FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ JOSEPH A. COLES 157-28-3881	

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Trust
<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Partnership
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify)	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal government/military	<input type="checkbox"/> Church or church controlled organization
<input type="checkbox"/> National guard	(enter GEN if applicable)	
<input type="checkbox"/> Other nonprofit organization (specify)		
<input type="checkbox"/> Other (specify) ▶		

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶	State FLORIDA	Foreign country
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Changed type of organization (specify) ▶
<input checked="" type="checkbox"/> Started new business (specify) ▶	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Created a trust (specify) ▶
<input type="checkbox"/> Created a pension plan (specify type) ▶	
<input type="checkbox"/> Banking purpose (specify) ▶	<input type="checkbox"/> Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) 12-3-96	11 Enter closing month of accounting year. (See instructions.) DECEMBER
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	▶ NONE
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13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."	Nonagricultural 0	Agricultural 0	Household 0
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14 Principal activity (See instructions.) ▶	BREEDING - RACEHORSES
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name ▶

Trade name ▶

17c Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.
Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **JOSEPH A. COLES - PRESIDENT**

Signature ▶ *Joseph A. Coles*

Date ▶ **11/18/97**

Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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