

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY -6 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000010154

**1. Corporation Name**

THE GARDNER GROUP, INC.

**2. Principal Office Address**

810 THIRD STREET

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH, FL

Zip

32266

Country

US

**3. Mailing Office Address**

810 THIRD STREET

Suite, Apt. #, etc.

City & State

NEPTUNE BEACH, FL

Zip

32266

Country

US

800035554408  
05/06/04--01016--019 \*\*1350.00

**REINSTATEMENT** 00-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 01/28/1997

**5. FEI Number**  
59-3443370

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

HOWARD DUNLAP

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

810 THIRD STREET

Suite, Apt. #, Etc.

City

NEPTUNE BEACH

State  
FL

Zip Code  
32266

**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

*Howard G Dunlap*  
REGISTERED AGENT MUST SIGN

Date April 28, 2004

**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
PD	DUNLAP, HOWARD G	810 THIRD STREET	NEPTUNE BEACH, FL 32266
D	MILAM, TRACE D	4321 PLAZA GATE LANE #101	JACKSONVILLE, FL 32217

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Howard Dunlap* Howard Dunlap, President

04/28/2004

Date

904-241-2404

Daytime Phone #

CR2E081 (01/04)