

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000015736

1. Corporation Name

GREENLEAF GAUGE, INC.

Principal Place of Business

35335 OLD LAKE UNITY RD.  
FRUITLAND PARK FL 34731

Mailing Address

~~35335 OLD LAKE UNITY RD.  
FRUITLAND PARK FL 34731~~

P.O. Box 1186

Twain Harte, CA 95383

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

2. New Principal Office Address, If Applicable

22933 East Ave  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 1186  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/14/1997

5. FEI Number

59-3471744

Applied For

Not Applicable

City & State

Twain Harte, CA

City & State

Twain Harte CA

Zip Country  
95383 USA

Zip Country  
95383 USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HARRIS, DAVID P	<del>35409 VIA MARCA</del> 684 South Missouri Ave	<del>FRUITLAND PARK FL 34731</del> Waterford, CA 95386
D	MARKS, C. GENE	35335 OLD LAKE UNITY ROAD	FRUITLAND PARK FL 34731
D	HOLTON, BRAD	P.O. BOX 176	GREENLEAF ID 83626
D	SMITH, GAYLEN	P.O. BOX 404	GREENLEAF ID 83626

8. Name and Address of Current Registered Agent

SEWELL, STEPHEN G  
907 WEBSTER STREET  
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

500005021835--8

City

\*\*\*1050

State

FL

Zip

\*\*\*1050.00

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

Stephen Sewell  
REGISTERED AGENT MUST SIGN

Date 2-7-02

11. 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:

C. Lee Marks, Secretary & Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-7-02

CR2E040 (8/00)