

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000027615

1. Corporation Name

GAGEL GP CORP, INC.

00 DEC -5 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3002 SOUTH MILLER ROAD
VALRICO FL 33594

Mailing Address

3002 SOUTH MILLER ROAD
VALRICO FL 33594

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/1997

5. FEI Number

59-3527361

Applied For

Not Applicable

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
P	GAGEL, EARL R	3002 SOUTH MILLER ROAD	VALRICO FL 33594
V	GAGEL, PATRICIA A	3002 SOUTH MILLER ROAD	VALRICO FL 33594

7000003506287--9
-12/19/00--01093--004
****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~BARNETT, SCOTT E JD LL.M.~~
~~-238 EAST DAVIS BLVD., SUITE 205~~
~~TAMPA, FL 33606-3756~~

Name

Vincent Ferraro, CPA

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

217 Lithia Pines Rd

Suite, Apt. #, Etc.

City

Brandon

State

FL

Zip Code

33511

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

Vincent Ferraro
REGISTERED AGENT MUST SIGN

Date 11/2/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA A. GAGEL

11-28-00

Date

813-689-0318

Daytime Phone #