

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Matthew Harris~~
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 1:02 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000054127

1. Corporation Name

GAFFNEY, INC.

2. Principal Office Address

2803 Fox Squirrel Drive

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

USA

3. Mailing Office Address

2803 Fox Squirrel Drive

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

USA

REINSTATEMENT 98-02

4. Date Incorporated or Qualified
To Do Business in Florida

6/19/1977

5. FEI Number 59-3454276

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

John G. Hubbard, Esq.

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

595 Main Street

Suite, Apt. #, Etc.

City

Dunedin,

State
FL

Zip Code

34698

200008700872

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/8/02

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
P	Jane Scholl	2803 Fox Squirrel Drive	Palm Harbor, FL 34684

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

10/08/02

Date

(727) 781-2258

Daytime Phone #

CR2E081 (9/01)