

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000067537

1. Corporation Name

GERLICK & COMPANY

Principal Place of Business

619 N DIXIE HWY  
LAKE WORTH FL 33460

Mailing Address

619 N DIXIE HWY  
LAKE WORTH FL 33460

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

To Do Business in Florida

08/04/1997

5. FEI Number

65-0775256

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
D	GERLICK, MICHAEL	619 N DIXIE HWY	LAKE WORTH FL 33460

800024981968  
11/24/03--01093--021 \*\*150.00

8. Name and Address of Current Registered Agent

GERLICK, MICHAEL  
619 N DIXIE HWY  
LAKE WORTH FL 33460

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Michael Gerlick*

REGISTERED AGENT MUST SIGN

Date

11/19/03

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:

*Michael Gerlick* MICHAEL GERLICK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/03 (561) 581-4686

Date

Daytime Phone #

CR2E040 (7/03)

**GERLICK & COMPANY**  
TAX AND FINANCIAL ACCOUNTANTS

NOVEMBER 19, 2003

DIVISION OF CORPORATIONS  
ANNUAL REPORT/REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE, FL 32314-6327

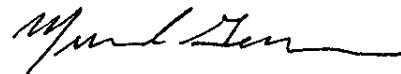
RE: REINSTATEMENT OF CORPORATION

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT THE TWO PRIOR UBR NOTICES WERE NEVER  
RECEIVED BY OUR OFFICE. IF YOU WILL LOOK BACK, YOU WILL SEE THAT  
WE HAVE NEVER BEEN LATE. I AM ENCLOSING A CHECK FOR \$ 150.00 TO  
PAY THE FEE FOR THE YEAR 2003.

THANK YOU VERY MUCH FOR YOUR HELP IN THIS MATTER.

SINCERELY,



MICHAEL GERLICK

619 N. DIXIE HWY.  
LAKE WORTH, FL • 33460  
PHONE: (561) 582-4686 • (800) 832-7472  
FAX: (561) 433-1448