

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000104871

1. Corporation Name

GUMACO, INC.

Principal Place of Business

Mailing Address

5201 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

5201 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1997

5. FEI Number

52-2080980

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
DPC	ELLIOTT, E.J. ELLIOTT, E.J.	5201 NORTH ORANGE BLOSSOM TRAIL 5201 N. ORANGE BLOSSOM TR.	ORLANDO FL 32810 ORLANDO, FL 32810
DR DR	ELLIOTT, J.E. ELLIOTT, J.E.	5201 NORTH ORANGE BLOSSOM TRAIL 5201 N. ORANGE BLOSSOM TR.	ORLANDO FL 32810 ORLANDO, FL 32810
	- above ok as is -		800004481448--3 -07/17/01--01092--014 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~ELLIOTT, JOHN E.~~
5201 NORTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32810
*The Corporation Trust Co.
Corporation Trust Center
1207 ORANGE STREET
WASHINGTON DC 20001*

Name
~~THE CT CORPORATION SYSTEM~~
Street Address (P.O. Box Number is Not Acceptable)
1200 SO PINE ISLAND ROAD
Suite, Apt. #, Etc.

City
PLANTATION
State
FL
Zip Code
33324

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

Barbara A. Burke

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

5-14-01

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
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/10/01

Daytime Phone #

467 290 6000

CR2E040 (8/00)