

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 APR -7 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600122495406
04/07/08--01055--002 **450.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida 12/29/1997

5. FEI Number 65-0822540 ☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

Date 3/31/08

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000108948

1. Corporation Name

GAP ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

6 Yacht Club Place

Suite, Apt. #, etc.

City & State

Tequesta Florida

Zip

33469

Country

USA

3. Mailing Office Address

P.O. Box 3161

Suite, Apt. #, etc.

City & State

Tequesta, FL

Zip

33469

Country

USA

7. Name and Address of Current Registered Agent

Name

David A. Mantwill

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

6 Yacht Club Place

Suite, Apt. #, Etc.

City

Tequesta

State

FL

Zip Code

33469

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

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	David A. Mantwill	6 Yacht Club Place	Tequesta FL 33469

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 contained in Chapter 119, 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

Date

Daytime Phone #

561-262-6895
3/31/08 561-746-0170
Tlew 4-8-08