

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN -5 AM 8:00

DOCUMENT # 798000019872

1. Corporation Name

PAUL GILLIAM INC.  
P-98000019872

**REINSTATEMENT** 00-03

2. Principal Office Address

4861 Regal dr.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

Lee

3. Mailing Office Address

4861 Regal dr.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

Zip

34134

Country

Lee

600025968766

01/05/04--01014--029 \*\*608.75

4. Date Incorporated or Qualified  
To Do Business in Florida

3-3-98

5. FEI Number

59-3496884

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

Paul Gilliam

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

4861 Regal dr.

Suite, Apt. #, Etc.

City

Bonita Springs

State

FL

Zip Code

34134

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

Paul Gilliam

REGISTERED AGENT MUST SIGN

Date

12-30-03

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
<u>Pres.</u>	<u>Paul Gilliam</u>	<u>4861 Regal dr.</u>	<u>Bonita Springs, FL 34134</u>

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:

Paul Gilliam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-30-03

Date

239-405-2123

Daytime Phone #

CR2E081 (9/01)