

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

192
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY -6 AM 8:00

DOCUMENT # P98000022175

1. Corporation Name

GORMAN-SAN ENTERPRISES, INC.

2. Principal Office Address

504 DRIFTWOOD CIR W

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

OLDSMAR FL

Zip

34677

Country

City & State

Zip

Country

REINSTATEMENT 00-04

600035554266

05/06/04--01018--002 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

2-23-98

5. FEI Number

59-3280265

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

STEVEN S. GORMAN

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

504 DRIFTWOOD CIR WEST

Suite, Apt. #, Etc.

City

OLDSMAR

State
FL

Zip Code

34677

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

Date 4/30/04

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
D	STEVEN S. GORMAN	504 DRIFTWOOD CIR W.	OLDSMAR FL 34677

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

Date

4/30/04

Daytime Phone #

CR2E061 (01/04)

282

Gorman-San Enterprises Incorporated
504 Driftwood Cir/ West
Oldsmar Florida 34577

Gorman-San Ent. Inc.

April 30, 2004

2000 UBR

Florida Department of State

Dear Sir or Madam:

We never received The annual report for the corporation in question, Gorman-San Enterprises. Inc.
We Had moved in February of 2000, and the reports we're never forwarded to my new address. I am
requesting to be immediately re-instated with the payment of the back fees from 2000 to current year
or 2004..

Thank you for your Prompt attention to this matter,

Steven S. Gorman

President

