

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000024723**

1. Corporation Name

GARY RELKEN & ASSOCIATES, INC.

Principal Place of Business

1610 N. MYRTLE AVE.
CLEARWATER FL 33755

Mailing Address

1610 N. MYRTLE AVE.
CLEARWATER FL 33755

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1998

5. FEI Number

59 3519623

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	RELKEN, GARY	1824 AUDREY DR.	CLEARWATER FL 33759
D	RELKEN, NANCY	1824 AUDREY DR.	CLEARWATER FL 33759
D	GARY R		500003035795-3 -11/05/99--01007--010 ****150.00 ****150.00
D	RELKIN, GARY	1824 AUDREY DR.	CLEARWATER, FL 33759
D	RELKIN, NANCY	1824 AUDREY DR.	CLEARWATER, FL 33759

8. Name and Address of Current Registered Agent

PERRY, CHARLES
1100 CLEVELAND ST.
CLEARWATER FL 33755

9. Name and Address of New Registered Agent

Name

SP

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.

Signature of
Registered Agent

Charles Perry

REGISTERED AGENT MUST SIGN

Date

03/28/99
October 99

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:

Gary Relken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-28-99
Daytime Phone # 813 447-4477

Ext 135

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**GARY RELKIN & ASSOCS. INC.
1824 AUDREY DRIVE
CLEARWATER, FLORIDA
33759**

Friday October 22, 1999

**Division Of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6237**

Per our phone conversation, enclosed is my annual fee of \$150 with my re-instatement form and the necessary changes and this letter of explanation.

I have been receiving all mail, including tax documents for **Gary Relkin & Assocs. Inc.** to the corrected address since the corporation was formed. The Dissolution Notice was the only document I'd received at the principal place of business. I was not aware of an annual fee, and I did not receive an annual bill or notice at either address, though in the future I will not wait for this but will most likely pay the fee April of each year.

Thank you for your help.

Sincerely,



Gary Relkin