

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000060199**

1. Corporation Name

GADDY INVESTMENT CORPORATION

Principal Place of Business
**8232 STEEPLECHASE BLVD.
ORLANDO FL 32818**

Mailing Address
**1583 E. SILVER STAR RD
#309
OCOE FL 34761-2562**

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

07/07/1998

5. FEI Number

59-3577134

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
D	GADDY, DANNY C	8232 STEEPLECHASE BLVD.	ORLANDO FL 32818

**500004740965--6
-12/27/01--01034--006
****150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GADDY, DANNY C
8232 STEEPLECHASE BLVD.
ORLANDO FL 32818**

Name

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/30/01

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/01

Daytime Phone #

[Signature]



FILED

01 DEC -5 AM 11: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

CR2040 (9/01)

282

November 30, 2001

Danny Gaddy
8232 Steeplechase Blvd.
Orlando, FL 32818

To whom it may concern:

This is my second letter of address change that I am requesting an address change.

Old address

1583 E. Silver Star # 309

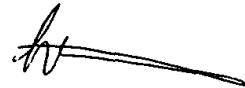
Ocoee FL 34761

New address

8232 Steeplechase Blvd.

Orlando, FL 32818

Sincerely,



Danny Gaddy
President

November 30, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

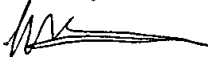
Dear Sirs:

Re: Document # P98000060199
20000 Annual Report

The Uniform Business Report was forwarded to the wrong address even though we had submitted an address change. Inadvertently, the filing of this report was overlooked as a result. We therefore, enclosed herein the UBR for the year 2000 along with the fee of \$150.00.

We apologize for this error and request the abatement of any associated penalties. We look forward to a satisfactory reply. Your consideration and cooperation is appreciated.

Sincerely



Danny Gaddy
President