PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED FILED
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P98000081509

1. Corporate Name: Gale Lister & Associates, Inc.

Principal Place of Business: 500 N. Osceola Ave #109 Clearwater, FL 33755

Mailing Address

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: 9/17/98

5. FEI Number: 59-353-1596 ☐ 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	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Gale Lister	Same as above 500 N. Osceola Ave #109	Clearwater, FL 33755

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-12/07/99--01058--020
****158.75 ****158.75

8. Name and Address of Current Registered Agent

Charles Perry
1100 Cleveland St #900
Clearwater, FL 34615

9. Name and Address of New Registered Agent

Name: Gale Lister
Street Address (P.O. Box Number is Not Acceptable): 500 N. Osceola Ave #109
Suite, Apt. #, Etc.
City: Clearwater State: FL Zip Code: 33755

CR2E081 (12/98)

10. I hereby certify that I am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Gale Lister Date: 11/24/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

I hereby 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 due 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: Gale Lister Gale Lister 11/24/99 727 449-9148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

11/24/99

to: Corporate Reinstatement

from: Gale Lester

I did not receive any renewal forms on my corporation this year.

Sincerely,

Gale Lester