

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 AUG 23 9:12

DOCUMENT # P98000098904

1. Corporation Name

Gerry & Four J's, Inc.

2. Principal Office Address

1681 Gulf to Bay Blvd.
Suite, Apt. #, etc.

City & State

Clearwater, FL
Zip Country
33755 USA

3. Mailing Office Address

435 Carriage House Ln.
Suite, Apt. #, etc.

City & State

Tarpon Springs, FL
Zip Country
34689 USA

REINSTATEMENT

0405

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/98

5. FEI Number

593542576

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

Robert L. Shear

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

2650 McCormick Dr.
Suite, Apt. #, Etc.

130

City

Clearwater

State
FL

Zip Code

33759

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

Robert L. Shear

REGISTERED AGENT MUST SIGN

Date 8/17/05

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
P/D	Carol Peterson	435 Carriage House Ln.	Tarpon Springs, FL 34689

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:

Carol Peterson Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/05
Date

727-712-1228
Daytime Phone #

CR2E081 (01/05)