

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY -2 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9800D100499**

1. Corporation Name

GECCO MARKETING, INC

400054354544
05/13/05--01010--010 **1050.00

REINSTATEMENT **03-05**

2. Principal Office Address

17945 SE 88th GRIMBALL AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc. **Same**

City & State

THE VILLAGES, FL

City & State

Zip

32162

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/98

5. FEI Number

59-3544236

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

DAVID ABRAMS

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

17945 SE 88th GRIMBALL AVE

Suite, Apt. #, Etc.

City

THE VILLAGES

State

FL

Zip Code

32162

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

David Abrams

Date

4/4/05

REGISTERED AGENT MUST SIGN

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
PRES	DAVID ABRAMS	17945 SE 88th GRIMBALL AVE	THE VILLAGES FL 32162
VP	BRANK ELSNER	7628 SUGARBOND DR	ORLANDO, FL 32819
SEC	LAURIE DUQUETTE	685 GREENBROOK AVE	THE VILLAGES FL 32162

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:

David Abrams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

Date

352-753-7972

Daytime Phone #

CR2E081 (01/05)

519aw