

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

00 OCT 23 AM 8:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000014108

1. Corporation Name

GONZALEZ SURETY SERVICES, INC.

Principal Place of Business

Mailing Address

3375 TAMiami TRAIL E.
 NAPLES FL 34116

3375 TAMiami TRAIL E.
 NAPLES FL 34116

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

4. Date Incorporated or Qualified To Do Business in Florida

02/11/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3559007

Not Applicable

Zip

Country

Zip

Country

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	GONZALEZ, FRANK	3375 TAMiami TRAIL E.	NAPLES FL 34116

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BROWN, ANNA L
 1100 5TH AVE. SOUTH, STE. 201
 NAPLES FL 34102

Name

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

Suite, Apt. #, Etc.

City

State

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

Date

10/20/00

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

To Dept of State:

10/21/00
2002

This letter is in regards to my reinstatement. I AM REQUESTING that you will consider my REINSTATEMENT in the AMOUNT OF \$150.00. This is my first year in being incorporated in your state AND I had no idea that fees applied. My business is in a BRAND NEW building that was just constructed AND has NO MAILBOXES. If I AM NOT here the postman leaves NO MAIL. This letter that you just sent me is the first I ever SAW REGARDING reinstatement fees due to the State of FLORIDA. IN BEING in business for only one year \$700 is almost impossible for me to come up with. I AM ASKING for your Consideration to my REINSTATEMENT in the AMOUNT OF \$150. AND I promise that this will never happen AGAIN! It has been A GOOD experience for me in business.!

Sincerely yours.

Frank Gonzalez

FRANK GONZALEZ (President)

P.H. 944-732-6898