

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000015452

1. Corporation Name

JOHN GORDON SALES, INC.

900037287649

05/25/04--01010--028 **1050.00

REINSTATEMENT

02-04

2. Principal Office Address

3116 BYRON ROAD

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS

Zip

32043

Country

USA

3. Mailing Office Address

3116 BYRON ROAD

Suite, Apt. #, etc.

City & State

GREEN COVE SPRINGS, FL

Zip

32043

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/1999

5. FEI Number

59-3560954

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

JOHN GORDON

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

3116 BYRON ROAD

Suite, Apt. #, Etc.

City

GREEN COVE SPRINGS

State

FL

Zip Code

32043

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/7/04

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
PSD	JOHN GORDON	3116 BYRON ROAD	GREEN COVE SPRINGS FL 32043

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/04

Daytime Phone #

904 545-4811

CR2E081 (01/04)