

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

004 JUN 17 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P99000021820

1. Corporation Name

The Gillam Corporation

2. Principal Office Address

451 Stonehenge Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Rockledge, Florida

Zip

32955

Country

USA

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3566851

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

Patricia E. Gillam

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

451 Stonehenge Circle

Suite, Apt. #, Etc.

City

Rockledge

900036546229

05/18/04--01035--004 \*\*158.75

900036546229

06/16/04--01037--001 \*\*150.00

State

FL

Zip Code

32955

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

Patricia E. Gillam

Date 4/20/2004

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
D	Elizabeth Patricia E. Gillam	451 Stonehenge Circle	Rockledge, FL 32955

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:

P. E. Gillam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2004 321-504-4234

Date

Daytime Phone #

GB  
6-17-04

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

April 27, 2004

To Whom It May Concern:

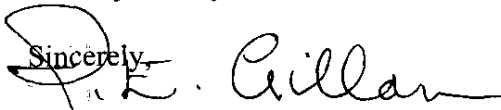
I did not receive the Annual Report in the mail. Enclosed is the completed Corporation Reinstatement Form, along with my payment of \$158.75 (\$150.00 For Filing Fee and \$8.75 for a Certificate of status).

Please waive the penalties.

I have enclosed a prepaid Airborne Express Envelope for you to return my certificate.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script, appearing to read "P. E. Gillam", written over the word "Sincerely,".

Patricia E. Gillam/ Director  
321-504-4234