

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000037433

1. Entity Name
G.W. PLOSSL AND CO., INC.



FILED

2007 NOV -5 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
12800 UNIVERSITY DRIVE
SUITE 125
FORT MYERS, FL 33907

Mailing Address
12800 UNIVERSITY DRIVE
SUITE 125
FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10252007

REIN-P

CR2E098 (1/07)

4. FEI Number
06-0851529

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLOSSL, MARION L
12800 UNIVERSITY DRIVE, SUITE 125
C/O CHRIS GAIR
FORT MYERS, FL 33907

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marion L. Plossl*

10/26/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTSD
PLOSSL, MARION L
12800 UNIVERSITY DRIVE, SUITE 125
FORT MYERS, FL 33907 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PLOSSL, KEITH R
3431 WINFAIR PLACE
MARIETTA, GA 30062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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700112011607
11/05/07--01058--008 **758.75 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marion L. Plossl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/07

Date

Daytime Phone #

1/26/07