

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

18192

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000037641

1. Corporation Name

KAR-GIB ENTERPRISES, INC.

Principal Place of Business

Mailing Address

919 SW CATALINA ST.
PALM CITY FL 34990

919 SW CATALINA ST.
PALM CITY FL 34990

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1999

5. FEI Number

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GIBSON, W. SCOTT	919 SW CATALINA ST.	PALM CITY FL 34990
D	GIBSON, KAREN R	919 SW CATALINA ST.	PALM CITY FL 34990

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-10/27/00--01012--015

***150.00 ***150.00

Sp

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIBSON, W. SCOTT
919 SW CATALINA ST.
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/13/00

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 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

10/13/00 561-220-826

Daytime Phone #

Kar-Gib Ent., Inc.
919 SW Catalina St.
Palm City, FL 34990

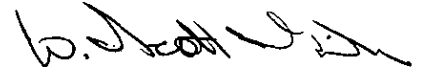
Phone 561-220-8269

October 13, 2000

To Whom It May Concern:

We received neither an original "Corporation Annual Report" nor a second notice in June. This "Notice of Administrative Dissolution or Revocation" is the first communication my company has received from your office since it's inception. My wife, corporation secretary, called and was told there have been several instances of new corporations not receiving these documents. Per the instructions she received over the telephone, we are sending you this form along with the business' check for \$150.00. I hope this will take care of getting our business reinstated. If there is any problem with reinstating the business, please contact us at your earliest convenience. Thank you very much for your understanding and help in resolving this matter.

Sincerely,



W. Scott Gibson
President