

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P99000053392**

1. Corporation Name

THEKLA GORMAN, INC.

Principal Place of Business

29550 OSPREY LANE
BIG PINE KEY FL 33043

Mailing Address

29550 OSPREY LANE
BIG PINE KEY FL 33043

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/10/1999

5. FEI Number

650 934 625

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
PSTD	GORMAN, THEKLA	29550 OSPREY LANE	BIG PINE KEY FL 33043

800003470863--7
-11/20/00--01124--012
*****750.00 *****750.00

12/1/15

8. Name and Address of Current Registered Agent

MEYER, JEFFREY B
31211 AVENUE A
BIG PINE KEY FL 33043

9. Name and Address of New Registered Agent

Name THEKLA GORMAN
Street Address (P.O. Box Number is Not Acceptable)
29550 OSPREY LN.
Suite, Apt. #, Etc.
BIG PINE KEY, FL
City
State FL Zip Code 33043

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 REQUIRED

Date 10-16-00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-27-00

Daytime Phone #

325 872 1428