

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 NOV -1 PH 3: 35

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

650934605

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT **BU**



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	GORMAN, THEKLA	29550 OSPREY LANE	BIG PINE KEY FL 33043

800003470853 -- 7
 -11/20/00--01124--012
 *****750.00 *****750.00

Handwritten initials

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
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date **10-16-00**

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

10-27-00
 Date

305 872 1428
 Daytime Phone #

CR2E040 (8/00)