

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 AUG 20 PM 12:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000054661

1. Corporation Name

GAINER, INC.

2. Principal Office Address

8007 Hwy 90  
Suite, Apt. #, etc.

3. Mailing Office Address

SAME  
Suite, Apt. #, etc.

City & State

SNELDS FL

City & State

FL

Zip

32460

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/16/99

5. FEI Number

59-3582496

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES GAINER

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

8007 Hwy 90

Suite, Apt. #, Etc.

City

SNELDS

State

FL

Zip Code

32460

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

REGISTERED AGENT MUST SIGN

Date 5-15-03

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
PRES	JAMES GAINER	8007 Hwy 90	SNELDS FL 32460

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-03

Date

850593529

Daytime Phone #

CR2E081 (9/01)

MAY-15' 03 (THU) 08:30

FISCAL OFFICE

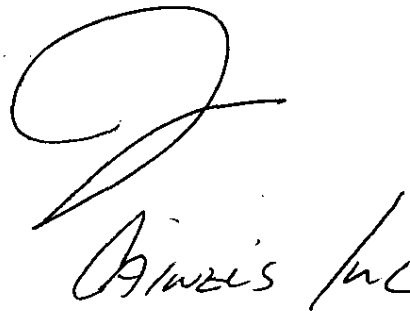
850-245-6015

P. 001

May 15, 2003

I did not receive the notice that advised me of a returned check and of your intent to administratively dissolve in 60 days. Therefore I am requesting a waiver of the reinstatement fee and penalty.

Amount due \$165.00



J. Gibbs

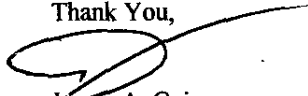
GAINER'S INC.  
8007 Hwy. 90  
Sneads, FL 32460  
(850) 593-5701  
(850) 593-5689 fax

August 15, 2003

To Whom it May Concern:

Due to a catastrophic fire which destroyed my business, I did not receive the notice that advised me of a returned check. I also received no notice of your intent to administratively dissolve my corporation in 60 days. Therefore, I am requesting a waiver of the reinstatement fee and penalty.

Thank You,

A handwritten signature in black ink, appearing to be 'James A. Gainer', written over a horizontal line.

James A. Gainer  
Gainer's Inc.