

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000064146**

1. Corporation Name

G&D 2000 INC.

Principal Place of Business

3883 DAVIS BLVD.
NAPLES FL 34104

Mailing Address

3883 DAVIS BLVD.
NAPLES FL 34104

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

c/o Swope, Lamberson, Guilkey &
O'Connor, P.A.
P. O. Box 111419

Suite, Apt. #, etc.

City & State
Naples, FL

Zip

34108-0124

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1999

5. FEI Number

65-0944683

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
PVST	GREENFIELD, GEORGE	1609 GORDON RIVER LANE	NAPLES FL 34104

000024170120
10/27/03--01078--015 **150.00

8. Name and Address of Current Registered Agent

GREENFIELD, GEORGE
3883 DAVIS BLVD.
NAPLES FL 34104

9. Name and Address of New Registered Agent

Name Jane E. Lamberson, CPA
Swope, Lamberson, Guilkey & O'Connor, P.A.
Street Address (P.O. Box Number is Not Acceptable)
8955 Fontana Del Sol Way
Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34109

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. or 617.0505, F.S.

Signature of
Registered Agent

Jane E. Lamberson

REGISTERED AGENT MUST SIGN

Date 10/21/03

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)(l), 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:

Jane E. Lamberson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-03

Date

Daytime Phone #

CR2E040 (7/03)

**SWOPE
LAMBERSON
GUILKEY
& O'CONNOR, P.A.**
Certified Public Accountants

Richard T. Bendel, CPA**
Charles E. Cannon, CPA***
Karysla Demarest, CPA
Jodi L. Giles, CPA
William P. Gover, CPA
Linda L. Guilkey, CPA†
C. David Lamberson, JD, CPA†
Judy M. Levy, CPA
Frank P. Murphy, JD, CPA
Jeanne Bergelin Murphy, CPA
Anthony P. Listrom, JD, CVA, CPA††

Richard L. Swope, CPA, Principal
Jane E. Lamberson, CPA, Principal
William J. O'Connor, CPA, Principal
Cheryl Charbonneau, CPA, Principal*

Members of
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

*Licensed in Vermont and Florida
**Licensed in Ohio and Florida
***Licensed in Tennessee and Florida
†Licensed in Pennsylvania and Florida
††Licensed in New York and Florida
‡ Retired Principal

October 21, 2003

Department of State
P.O. Box 6327
Tallahassee, FL 32314

Attn: Division of Corporations

Re: **G&D 2000, Inc.**
ID# 65-0944683

Gentlemen:

The above mentioned taxpayer has requested my assistance in preserving their active status with the State of Florida.

The taxpayer has filed previous Uniform Business Reports, but has not received this form for the current year. Please amend your records to reflect the new mailing address as follows:

G & D 2000, Inc.
c/o Swope, Lamberson, Guilkey & O'Connor, P.A.
P.O. Box 111419
Naples, FL 34108-0124

I am enclosing a check for \$150 as payment for the current year and an application for reinstatement and request a waiver of any late filing penalties because the annual report was sent to an incorrect address or not sent at all.

Your consideration is greatly appreciated in this matter.

Sincerely,

SWOPE, LAMBERSON, GUILKEY & O'CONNOR, P.A.

Jane E. Lamberson

Jane E. Lamberson
Certified Public Accountant

JEL/cjk
Enclosures

Galleria on Vanderbilt Beach Road
8955 Fontana Del Sol Way
Naples, FL 34109
Phone (239) 262-0170
Fax (239) 262-2188

Downtown Naples
400 Fifth Avenue South, Suite 200
Naples, FL 34102
Phone (239) 262-3899
Fax (239) 262-2057

Promenade at Bonita Bay
26811 South Bay Drive, Suite 245
Bonita Springs, FL 34134
Phone (239) 495-7600
Fax (239) 495-6040

PO Box 111419 • Naples, FL 34108-0124