

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000077409

1. Corporation Name

GOURLAY FINANCIAL, INC.

Principal Place of Business

Mailing Address

11 LENORA DRIVE
HILTON HEAD ISLAND SC 29926

11 LENORA DRIVE
HILTON HEAD ISLAND SC 29926

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3598404

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GOURLAY, J. ROBERT	11 LENORA DRIVE	HILTON HEAD ISLAND SC 29926
STD	GOURLAY, KAREN A	11 LENORA DRIVE	HILTON HEAD ISLAND SC 29926

600024092786
10/24/03--01070--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREY, ROBERT H
610 S. BOULEVARD #100 C
TAMPA FL 33606

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

OCT 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)(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] ROBERT GOURLAY (PRESIDENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

OCT 21/03 845 6813364

Daytime Phone #

CR2E040 (7/03)

GOURLAY FINANCIAL, INC.

**11 Lenora Drive
Hilton Head Island
SC 29926**

October 21, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Gourlay Financial, Inc. FEI # 593598404
Reinstatement of Corporation and
Waiver of reinstatement fee

Enclosed please find the application for reinstatement , a check for \$150.00 and
a request for waiver of the reinstatement fee due to the fact that we never
received UBR notices.

Sincerely,



J. Robert Gourlay
President