

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT 11 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

GORDON STEELE, INC.

899 000086541

200008412112
10/17/02--01001--003 **750.00

200008412112
10/17/02--01001--002 **8.75

2. Principal Office Address

17341-C Alico Center Road

3. Mailing Office Address

17341-C Alico Center Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/1999

5. FEI Number

650952220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WALKER, Larry J.

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

8376 Matanzas Road

Suite, Apt. #, Etc.

City

Fort Myers

State
FL

Zip Code

33912

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

Larry J. Walker
REGISTERED AGENT MUST SIGN

Date 10/8/2002

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/D	Walker, Larry J.	8376 Matanzas Rd	Fort Myers, FL 33912
Sec/D	Muth, Garry A.	7612 Laurel Valley Rd	Fort Myers, FL 33912

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:

Jim Smith

Secretary/Treasurer

10/8/2002 (239) 437-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

2 10/11/02