

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 3:02

DOCUMENT # P99000108196

1. Corporation Name

BILL GAYLORD TRIM CARPENTRY, INC.

Principal Place of Business

Mailing Address

7445 PINE DR.
FT. MYERS FL 33912

7445 PINE DR.
FT. MYERS FL 33912



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

65-0971863

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
D	GAYLORD, WILLIAM	7445 PINE DR.	FT. MYERS FL 33912
D	GAYLORD, MICHELLE	7445 PINE DR.	FT. MYERS FL 33912

8. Name and Address of Current Registered Agent

GAYLORD, WILLIAM
7445 PINE DR.
FT. MYERS FL 33912

9. Name and Address of New Registered Agent

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.

Signature of
Registered Agent

William Gaylord
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/01

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:

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

Date

10/25/01

Daytime Phone #

941-267-2821

CR2ED40 (8/01)

October 25, 2001

Bill Gaylord
7445 Pine Dr
Ft Myers, FL 33912

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sirs:

We mailed the renewal papers for the corp. in Jan '01 along with the \$150. We rec'd the papers back stating we needed to fill in the EIN no. and return. This we did around March '01. Again we rec'd the same papers back again saying they never rec'd the one we mailed in March '01. I, Michelle Gaylord, called the office to verify this info and to ensure I was mailing the papers to the correct address. I was told to just fill out the EIN no again and mail them to the address I had, They showed having the money, so that part was OK, so I did this again. Now again in Oct. '01 I rec'd the papers again with your office stating they did not rec. again. This time this info will be fed exed so we have a signature that they were rec'd. Please let me know if there are any problems with this..

William Gaylord
President
Bill Gaylord Trim Carpentry, inc.
941-267-2821

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