

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000111086

1. Corporation Name

Gordon Gable Inc.

FILED
06 JUN 14 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-06
CR2E081 (12/05)

2. Principal Office Address

15411 Penny Ct

Suite, Apt. #, etc.

3. Mailing Office Address

15411 Penny Ct

Suite, Apt. #, etc.

City & State

Springhill FL

City & State

Springhill FL

Zip

34610

Country

USA

Zip

34610

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1999

5. FEI Number

593613352

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

Gordon E. Gable III

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

15411 Penny Ct

Suite, Apt. #, Etc.

City

Springhill

State

FL

Zip Code

34610

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 06/08/2006

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
D	Gordon Gable	15411 Penny Ct	Springhill FL 34610
	<i>[Signature]</i>		

800076397458
06/20/06--01064--010 **450.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/08/2006 727-243-8190

Date

Daytime Phone #

**GORDON GABLE INC.
15411 PENNY CT
SPRINGHILL FL 34610**

To: Division of Corporations

June 8, 2006

In March of 2003 I moved to a new address and I hired a new accountant. Due to this I did not receive the annual report notices. My old accountant must have been taking care of this for me because I didn't know it had to be done yearly.

I have changed the address and phone number so this does not happen again.

Thank you,
Gordon E. Gable III

