

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S18473

1. Corporation Name

JOSEPH W. GIBSON, P.A.

Principal Place of Business

66 W. FLAGLER ST.
SUITE 200
MIAMI FL 33130

Mailing Address

66 W. FLAGLER ST.
SUITE 200
MIAMI FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

19 W. Flagler St #720

Suite, Apt. #, etc.

MIAMI FL

City & State

Zip 33130-1876

Country USA

3. New Mailing Office Address, If Applicable

19 W. Flagler St.

Suite, Apt. #, etc.

Ste. 720

City & State

Zip 33130-1876

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/1990

5. FEI Number

65-0264919

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	GIBSON, JOSEPH W JR.	66 W. FLAGLER ST. #200	MIAMI FL

5000002338035-0
-11/04/97--01082--021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

GIBSON, JOSEPH W JR.

66 W. FLAGLER ST.

SUITE 200

MIAMI FL 33130-1808

9. Name and Address of New Registered Agent

Name

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

19 W. Flagler St

Suite, Apt. #, Etc.

Ste. 720

City

MIAMI

State

FL

Zip Code

33130-1876

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/27/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Joseph W. Gibson

Date

10/27/97 (305) 377-2525

Daytime Phone #

FILED

97 OCT 29 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97 10/30

CR2040 (8/97)