

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S21845

1. Corporation Name

GARY F. ENTERPRISES, INC.

FILED

00 DEC 12 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~3400 Silver Star Rd.~~ ~~3400 Silver Star Rd.~~
~~Orlando, FL 32808~~ ~~Orlando, FL 32808~~

REINSTATEMENT 00

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
1730 Diplomacy Row 1730 Diplomacy Row
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32809

Country
USA

Zip
32809

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/90 SP

5. FEI Number

593042300

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
P	Gary P. Faulkner	8812 South Bay Drive	Orlando, FL 32819
			400003505894--6 12/19/00 01059-023 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

Gary Faulkner
8812 South Bay Dr.
Orlando, FL 32819

9. Name and Address of New Registered Agent

Name
Daniel L. DeCubellis, Esquire

Street Address (P.O. Box Number is Not Acceptable)
837 North Garland Avenue
Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

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

Date

12/11/00

REGISTERED AGENT MUST SIGN

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

GARY F. FAULKNER

12/11/00

Date

407-876-1207

Daytime Phone #