

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 25 AM 10:13

DOCUMENT # S23968

1. Corporation Name

GULLIVER & ASSOCIATES, INC.

Principal Place of Business

3299 S. US #1
STE 0
FT. PIERCE FL 34982
US

Mailing Address

3299 S. US #1
STE 0
FT. PIERCE FL 34982
US

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

2. New Principal Office Address, If Applicable

4927 S. US #1

Suite, Apt. #, etc.

City & State
FT PIERCE FL

Zip Country
34982 US

3. New Mailing Office Address, If Applicable

503 WISTERIA AVE

Suite, Apt. #, etc.

City & State
FT PIERCE FL

Zip Country
34982 US

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1991

5. FEI Number

65-0023817

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
D.	GULLIVER, KURTIS A.	503 WISTERIA AVE.	FT PIERCE FL 34982
PVT	GULLIVER, KURTIS A.	503 WISTERIA AVE.	FT. PIERCE FL 34982
			800001973088--8 -10/15/96--01007--003 ****200.00 ****200.00

8. Name and Address of Current Registered Agent

GULLIVER, KURTIS A.
3299 S. US #1
32
FT. PIERCE FL 34982

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

Kurtis A. Gulliver

REGISTERED AGENT MUST SIGN

Date 9/20/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Kurtis A. Gulliver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/96

Date

(561) 461-0762

Daytime Phone #

CR2E040 (7/96)