

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S36987**

1. Corporation Name

MICHAEL G. GILBERT, INC.

Principal Place of Business

Mailing Address

**18420 LAKESIDE DRIVE
TEQUESTA FL 33469**

**18420 LAKESIDE DRIVE
TEQUESTA FL 33469**

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

03/07/1991

5. FEI Number

65-0248165

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
DP	GILBERT, MICHAEL G.	18420 LAKESIDE DRIVE	TEQUESTA FL

500023970295
10/21/03--01062--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GILBERT, MICHAEL G.
18420 LAKESIDE DRIVE
TEQUESTA FL 33469**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2ED40 (7/03)

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11 OCTOBER 2003**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 OCTOBER 2003

Date

561 515 0408

Daytime Phone #

OCT. 13. 2003 11:36AM

NO. 203 P. 1/1

Raymond M. DiRocco, CPA
Licensed in Florida
Allan B. Dombrow, CPA
Licensed in Florida, New Jersey, Texas

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Commercial Point Plaza
3601 W. Commercial Blvd.
Suite 39
Ft. Lauderdale, FL 33309
Tel: (954) 731-8181
Fax: (954) 739-1054
e-mail: ddcpa@bellsouth.net

DiRocco & Dombrow, P.A.

Certified Public Accountants and Consultants

October 11, 2003

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Michael G. Gilbert, Inc.
Document# S36987
2003 Uniform Business Report

Gentlemen,

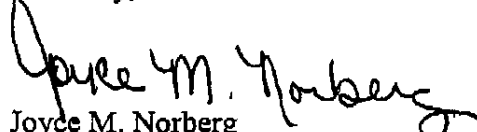
Our client has asked we correspond with your office regarding the above.

Please be advised that our office provides accounting services for the above referenced corporation and did not detect that the 2003 Uniform Business Report was not filed timely. Mr. Gilbert, President of the Company travels extensively for business purposes and has not been in the State of Florida since January 2003. He was unaware that the original filing deadline had been missed since the report was not received and/or forwarded to him.

Since inception, approximately 12 years, Mr. Gilbert had always filed his reports in a timely manner, and in lieu of the above, we request you accept the enclosed report as timely filed and abate the late payment and reinstatement fee.

Thanking you in advance for your cooperation in this matter.

Sincerely,


Joyce M. Norberg
For the Firm

Enclosures