PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

182

FILED
03 OCT 21 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GILBERT, MICHAEL G.
18420 LAKESIDE DRIVE
TEQUESTA FL 33469

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

CR2E040 (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: [signature] Date: 11 OCTOBER 2003

REGISTERED AGENT MUST SIGN

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] 11 OCTOBER 2003 561 575 0401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

272

Commercial Point Plaza
3601 W. Commercial Blvd.
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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

Joyce M. Norberg
For the Firm

Enclosures