

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S52980**

1. Corporation Name

**GOMBERT, INC.**

Principal Place of Business

9395 PHILLIPS HWY  
JACKSONVILLE FL 32256  
US

Mailing Address

9395 PHILLIPS HWY.  
JACKSONVILLE FL 32256-1311  
US

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

05/14/1991

5. FEI Number

59-3068223

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	4 City / State / Zip
D, P	GOMBERT, CHRISTIAN W.	10640 SCOTT MILL RD	JACKSONVILLE FL 32223
VP Admin	Gombert, Mark C.	3538 Lita Rd E.	Jacksonville, FL 32257
VP Operations	Gombert, Gregory D.	3937 Burnett Park Rd	Jacksonville, FL 32257

800008664518  
10/29/02--01065--003 \*\*750.00

8. Name and Address of Current Registered Agent

RAY, THOMAS P  
C/O HOLBROOK, AKEL, COLD, STIEFEL, RAY  
1 INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE FL 32202

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Thomas P. Ray*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10/23/02

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:

*Thomas P. Ray*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 904-484-0355  
Date Daytime Phone #

CR2E040 (8/02)