

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

03 DEC 11 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S54836**

1. Corporation Name

GILBREATH ENTERPRISES, INC.

Principal Place of Business

Mailing Address

WC #9, BOX 11848
N OLD CINCINNATI RD
SUMMERS AK 72769
US

C/O KENNETH R. WALL, CPA
P.O. BOX 372408
SATELLITE BEACH FL 32937
US

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05/17/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3067893

Applied For

City & State

City & State

Not Applicable

Zip Country Zip Country

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
SVP	GILBREATH, WILLIAM M.	WC #9, BOX 11848 NO OLD CINCINAT	SUMMERS AR
PTD	GILBREATH, JUDY S.	WC #9, BOX 11848, NO OLD CINCINA	SUMMERS AR

800025608478
12/18/03--01057--026 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALL, KENNETH R.
1680 HIGHWAY A1A
SATELLITE BEACH FL 32937

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-10-2003

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: *William M. Wall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-10-2003 Daytime Phone #

479-824-5362

CR2E040 (7/03)