

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S57964

1. Corporation Name

GACK CORP. OF PENSACOLA

Principal Place of Business

6841 N. Ninth Avenue
Pensacola, FL 32504

Mailing Address

(same)

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1991

- Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3070259

Applied For

Not Applicable

City & State

City & State

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
DPT	Driscoll, Gene E.	6841 N. Ninth Ave.	Pensacola, FL 32504
DSV	Driscoll, Kerry S.	6841 N. Ninth Ave.	Pensacola, FL 32504
s	LaFayette John C.	3446 East Lake Rd. #212	Palm Harbor, FL 34685

600003447776--4
-11/01/00--01112--012
****250.00 ****250.00

10/31

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
John C. LaFayette

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

3446 East Lake Rd Suite 212

Suite, Apt. #, Etc.

Suite 212

City

Palm Harbor,

State

FL

Zip Code

34685

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

John C. LaFayette
REGISTERED AGENT MUST SIGN

Date 10-18-00

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: John C. LaFayette Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-00 850-484-3631
Date Daytime Phone #

CR2ED40 (8/00)