


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 APR -6 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** \$ 77982

1. Corporation Name

Gonyon Enterprises Inc.

2. Principal Office Address

27103 SEA BREEZE WAY

Suite, Apt. #, etc.

City & State

Wesley Chapel, FLORIDA

Zip

33543

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

SAME

Country

SAME

**REINSTATEMENT 99-05**

4. Date Incorporated or Qualified To Do Business in Florida

1991

5. FEI Number

65028637

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eric Gonyon

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

27103 SEA BREEZE WAY

Suite, Apt. #, Etc.

City

Wesley Chapel

State  
FL

Zip Code

33543

000051351160

04/20/05--01011--025 \*\*10 0.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 4-1-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Eric Gonyon	27103 SEA BREEZE WAY	Wesley Chapel, FL 33543
Secretary	Jennifer Gonyon	27103 Sea Breeze Way	Wesley Chapel, FL 33543

10. 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)(f), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-05

Date

813-907-8087

Daytime Phone #

Roberts APR 13 2005

CR2001 (01/05)

13 2 92

**Gonyon Enterprises Inc.**  
**27103 Sea Breeze Way**  
**Wesley Chapel, Florida 33543**  
**Phone: 813.907.8087 Fax: 813.907.8089**  
**Email: eric.gonyon@gte.net**

April 1, 2005

Dear Secretary of State: (Division of Corporations – Reinstatement Department)

I did not receive my annual report form for 1999 or my second notice.

I noticed on-line that you have a very old address for me and I believe this is why I did not receive the annual report form in 1999. I respectfully request that you waive the \$600.00 late fee since I did not receive the annual report.

- My Document # is S77982
- My FEI # is 650286637
- My current address is:  
Gonyon Enterprises Inc.  
27103 Sea Breeze Way  
Wesley Chapel, Florida 33543  
Phone: 813.907.8087 Fax: 813.907.8089  
Email: eric.gonyon@gte.net

Enclosed is a check for \$1050.00 (1999 – 2005 Annual Reports and Corporate Supplemental fees for active reinstatement)

Thank you in advance for your consideration,



Eric Gonyon  
President