

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 MAR -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **V26420**

1. Corporation Name

GARMOR FINANCIAL SERVICES, INC

2. Principal Office Address

8908 ROCKY RUN CT

Suite, Apt. #, etc.

SUITE 101

City & State

TAMPA, FL.

Zip

33634

Country

USA

3. Mailing Office Address

8908 ROCKY RUN CT.

Suite, Apt. #, etc.

SUITE 101

City & State

TAMPA, FL

Zip

33634

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04-02-1992

5. FEI Number

59-3119131

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY E. MORAN

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

8908 ROCKY RUN CT.

Suite, Apt. #, Etc.

City

TAMPA

State
FL

Zip Code

33634

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

Gary Moran
REGISTERED AGENT MUST SIGN

Date **3/6/2001**

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
P	GARY E. MORAN	8908 ROCKY RUN CT.	TAMPA, FL 33634
VP	WANDA C. MORAN	8908 ROCKY RUN CT.	TAMPA, FL 33634

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)(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:

Gary Moran
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2001
Date

Date

(813) 886-7605
Daytime Phone #

Daytime Phone #

CR2E081 (9/00)