

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:  
 Division of Corporations  
 Fax Number : (850) 617-6384

From:  
 Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 878-5368

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT  
 GOSSEN LIVINGSTON ASSOCIATES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$1,058.75

458.75

**RH**

FILED

10 JAN 11 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Gossen Livingston Associates, Inc. Document # F07000000118

2. Principal Office Address - No P.O. Box #

420 S. Emporia

Suite, Apt. #, etc.

City & State

Wichita

Zip

67202

Country

USA

3. Mailing Office Address

420 S. Emporia

Suite, Apt. #, etc.

City & State

KS

Zip

67202

Country

USA

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida January 8, 2007

5. FEI Number

48-0793813

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

38.99 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of  
Registered Agent

*Connie Bryan*

REGISTERED AGENT

Connie Bryan  
Assistant Secretary

Date Jan. 11, 2010

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	(See Attached)		

REINSTATEMENT

RH

10. E-mail Address: blivingston@glmv.com

(To be used for future annual report notification)

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. I further certify, 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 B. Livingston*

William B. Livingston, President/CBO

1/8/2010

(316)265-9362

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Gossen Livingston Associates, Inc.  
Officers and Directors**

**William B. Livingston**  
**President/CEO/Chairman/Director**  
641 Preston Trail  
Wichita, KS 67230  
blivingston@gossenlivingston.com

**Morris R. McKee**  
**Executive Vice President**  
11933 E. Shannon Way Ct.  
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mmckee@gossenlivingston.com

**Michael E. Kandt**  
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**Senior Vice President/Secretary**  
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**Senior Vice President**  
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