

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/22

APPLICATION FOR REINSTATEMENT



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

FILED

03 NOV -7 PM 5:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019281

1. Corporation Name

GABEL & LANDS CONTRACTORS, INC.

Principal Place of Business

Mailing Address

420 MAIN ST.  
HASTINGS FL 32145

PO BOX 898  
HASTINGS FL 32145



REINSTATEMENT

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

02/20/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

04-3606201

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
			<del>10/23/03 01073 001 **150.00</del> 400024053284 10/23/03--01073--001 **150.00
PRES. SEC.	A. WELDON LANDS	107 HART ST.	EAST PALATKA, FL 32131
V. PRES. TREASURE	SCOTT DAVID GABEL	129 PALM TRAIL	EAST PALATKA, FL 32131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GABEL, SCOTT D  
420 MAIN ST.  
HASTINGS FL 32145

Name

A. WELDON LANDS

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

107 HART STREET

Suite, Apt. #, Etc.

City

EAST PALATKA

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: A. WELDON LANDS

REGISTERED AGENT MUST SIGN

Date

10/20/03

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:

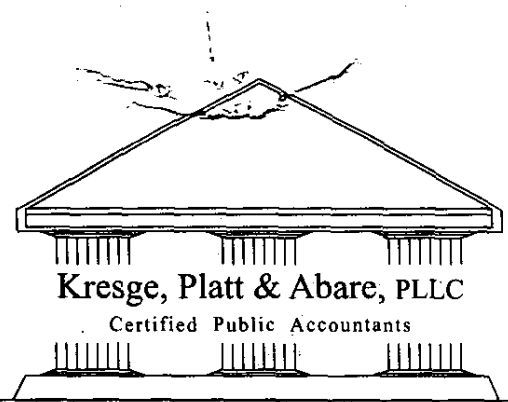
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
A. WELDON LANDS

10/20/03  
Date

1-904-692-2933  
Daytime Phone #

CR2040 (7/03)

2012



**Kresge, Platt & Abare, PLLC**  
Certified Public Accountants

*Business and Personal:    Financial Consulting    Tax Preparation and Planning    Auditing and Bookkeeping    Estate Planning*

October 16, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Gabel & Lands Contractors, Inc.**  
**EIN 04-3606201**

Dear Sir or Madam:  
The above taxpayer recently received a final notice concerning the Uniform Business Report. Please note that the above taxpayer did not receive the initial notice concerning the annual filing of the UBR. Therefore, the above taxpayer is sending a check for \$150 and asks that you note the changes on the UBR report.

I appreciate your understanding in this matter.

On behalf of the taxpayer,

  
Nick Cameron, EA

**K P A**