

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 756983

1. Corporation Name

GALA, INCORPORATED

Principal Place of Business

P O BOX 15851
SARASOTA FL 34277
US

Mailing Address

P O BOX 15851
SARASOTA FL 34277
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1981

5. FEI Number

59-2426847

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
TS	SPOTTS, THOMAS	118 SUNNYSIDE DR	VENICE FL 34293
VP	MERVINE, JAN	481 BEECHWOOD DR	VENICE FL 34292
D	SANTISO, BOB TIM BLADES	1817 QUAIL LAKE DR 704 65TH AVE. WEST	VENICE FL 34293 BRADENTON, FL. 34207
D	FESS, TOM JOHN MANCUSI	288 ISLAND CIRCLE 200 MATISSE CIR. N.	SARASOTA FL 34242 NOKOMIS, FL. 34275
D	LILLEY, JEFF MARK TROYAN	679 JAMAICA RD 2624 FAIRBROOK ST.	VENICE FL 34293 NORTH PORT, FL. 34287
P	WOOD, CHARLES	118 SUNNYSIDE DR	VENICE FL 34293

8. Name and Address of Current Registered Agent

WOOD, CHARLES
118 SUNNYSIDE DR
VENICE FL 34293

9. Name and Address of New Registered Agent

Name

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

400008680714

Suite, Apt. #, Etc.

10/23/02-01151-004 **236.25

City

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

Charles Wood
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

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

Date

Daytime Phone #

10-23-02

(941) 496-4497