

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 PM 3:59

21/4

DOCUMENT # **152397**

1. Corporation Name

G AND L CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

LEWIS H MARKS
6880 BEACH BLVD
JACKSONVILLE FL 32216

LEWIS H MARKS
6880 BEACH BLVD
JACKSONVILLE FL 32216

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1947

5. FEI Number

59-0581850

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MARKS, LEWIS H	4905 RIVER BASIN DR. S. 6820 Linford Lane	JACKSONVILLE FL 32217
T	MARKS, BETTY BALFOUR	4905 RIVER BASIN DR. S. 6820 Linford Lane	JACKSONVILLE FL 32217
D	MARKS, BETTY BALFOUR	4905 RIVER BASIN DR. S. 6820 Linford Lane	JACKSONVILLE FL 32217

300002340073--9
-11706797--01055--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARKS, LEWIS H
6880 BEACH BLVD.
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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.

Signature of
Registered Agent

Louis H. Marks
REGISTERED AGENT MUST SIGN

Date 10/30/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

Louis H. Marks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/97 904-725-2934
Date Daytime Phone #

CP2E040 (8/97)