

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

AND
FILED

96 NOV 21 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 262289

1. Corporation Name

W. W. GAY MECHANICAL CONTRACTOR, INC.

Principal Place of Business

524 STOCKTON STREET
JACKSONVILLE, FL 32204

Mailing Address

524 STOCKTON STREET
JACKSONVILLE, FL 32204

300002014529--9
-11/26/96--01107--007
***375.00 ***375.00

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1962

5. FEI Number

59-0977396

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 | GAY, WILLIAM W | 5809 CEDAR OAKS DR | JACKSONVILLE, FL 32210 |
| VP | HOUSER, FRANK | 5804 CEDAR OAKS DR | JACKSONVILLE, FL 32210 |
| SD | GAY, ELOISE D | 5809 CEDAR OAKS DR | JACKSONVILLE, FL 32210 |
| D | HOLBROOK, H. LEON | 2301 INDEPENDENT SQUARE | JACKSONVILLE, FL |
| V | PAINTER, DEAN M | 1958 CREST DR | JACKSONVILLE, FL |
| AST | LEE, KATHRYN S. | 3538 EDGEWATER DR | JACKSONVILLE, FL |

8. Name and Address of Current Registered Agent

GAY, WILLIAM W
524 STOCKTON STREET
JACKSONVILLE, FL 32204

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip

FL

32204

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

W. W. GAY
REGISTERED AGENT MUST SIGN

Date 11/07/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes: Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

W. W. GAY

11/07/96

(904) 388-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #