

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

96 DEC 30 PM 12: L3

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F06364**
1 Corporation Name
T. Gullman & Sons, Inc.

Principal Place of Business Mailing Address
**3736 Buffalo Landing Ct.
Jacksonville, Florida
32257**

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

2 New Principal Office Address, If Applicable N/A		3 New Mailing Address, If Applicable N/A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 94-96 900
4. Date incorporated or qualified To Do Business in Florida
Nov. 20, 1985
5. FEI Number
59-2130403
6. CERTIFICATE OF STATUS DESIRED ☒ **NO** \$8.75 Additional Fee required for 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
P/T	Theodore Gullman IV	3736 Buffalo Landing Ct.	Jacksonville, Florida 32257
V/S	Staci L. Gullman	3736 Buffalo Landing Ct.	Jacksonville, Florida 32257

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-01/06/97--01025--011
****783.75 ****783.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Theodore Gullman IV	
Street Address (P.O. Box Number is Not Acceptable) 3736 Buffalo Landing Ct.	
Suite, Apt. #, Etc.	
City Jacksonville	State FL
Zip Code 32257	

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **12/22/96**

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: **[Signature]** **Theodore Gullman IV** 904262-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/95)