

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G51697		
1. Entity Name GALLONS & SONS MECHANICAL, INC.		

Principal Place of Business 905 GAMBLE STREET TALLAHASSEE, FL 32310	Mailing Address P.O. BOX 2785 TALLAHASSEE, FL 32316
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
10 SEP 29 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292010 REIN-P CR2E098 (1/07)

4. FEI Number 59-2416480		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLON, EDDIE SR 1677 JAYDELL CR. TALLAHASSEE, FL 32316		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE: Eddie Gallon (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$750.00 After January 1, 2011, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C GALLON, EDDIE L SR 905 GAMBLE STREET TALLAHASSEE, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GALLON, LEROY 1554 LAKE AVENUE APT. #205 TALLAHASSEE, FL 32310 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300186035 P13 09/30/10--01001--012 **750.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	10 REINSTATEMENT ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	9/29/10 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eddie Gallon DATE: _____ DAYING FEE: # _____