

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H14659

1. Corporation Name

EL GALEON UTILITY COMPANY, INC.

Principal Place of Business

1770 GULF BLVD
ENGLEWOOD FL 34223
US

Mailing Address

1770 GULF BLVD
ENGLEWOOD FL 34223
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

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1984

5. FEI Number

59-2471466

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
V	GENTH, RICHARD E.	1840 GULF BLVD.	ENGLEWOOD FL
P	DEPALMA, JOHANNA R.	1770 GULF BLVD.	ENGLEWOOD FL
ST	DEPALMA, EMIL C.	1770 GULF BLVD.	ENGLEWOOD FL

REINSTATEMENT 01-02
3000006375663-1
-08/08/02--01056--001
****900.00 ****900.00

8. Name and Address of Current Registered Agent

DICKINSON, ROBERT A.
460 S. INDIANA AVE.
ENGLEWOOD FL 33533

9. Name and Address of New Registered Agent

Name JOHANNA R. DEPALMA
Street Address (P.O. Box Number is Not Acceptable)
1765 GULF BLVD.
Suite, Apt. #, Etc. (OFFICE)
City ENGLEWOOD State FL Zip Code 34223

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

JOHANNA R. DEPALMA
REGISTERED AGENT MUST SIGN

Date

7/25/02

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:

JOHANNA DEPALMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/02 944-474-2709

Daytime Phone #

CR2E040 (801)