

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

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DOCUMENT # J16685

1. Corporation Name

GLG & SON, INC.

Principal Place of Business

8020-5 LEO KIDD AVENUE  
PORT RICHEY FL 34668

Mailing Address

6200 BROOKSHIRE AVE.  
NEW PORT RICHEY FL 34653  
US



REINSTATEMENT 99-00

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.  
6200 Brookshire Ave  
City & State  
New Port Richey FL  
Zip  
34653-1010 Country  
PASCO

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
6200 Brookshire Ave  
City & State  
New Port Richey FL  
Zip  
34653-1010 Country  
PASCO

4. Date Incorporated or Qualified To Do Business in Florida

05/27/1986

5. FEI Number

59-2686147

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
PTD	GUTOWSKI, GENE F.	6200 BROOKSHIRE AVENUE	NEW PT. RICHEY FL
SD	GUTOWSKI, SUSAN	6200 BROOKSHIRE AVENUE	NEW PT. RICHEY FL
VD	GUTOWSKI, JEFFREY G	6200 BROOKSHIRE AVENUE	NEW PT. RICHEY FL

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\*\*\*1243.75 \*\*\*1243.75

8. Name and Address of Current Registered Agent

GUTOWSKI, GENE F.  
6200 BROOKSHIRE AVENUE  
NEW PORT RICHEY FL 34653

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

SIGNATURE REQUIRED

Date 3/1/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00 0127-514-8040

CR2040 (8/97)