

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # J38276

1. Corporation Name

G.T. & MC ELECTRIC, INC.

Principal Place of Business

10141 S.W. 49TH MANOR  
COOPER CITY FL 33328  
US

Mailing Address

5201 S W 195TH TERRACE  
FT LAUDERDALE FL 33332  
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

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4. Date Incorporated or Qualified  
To Do Business in Florida

10/16/1986

5. FEI Number

59-2728270

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	4. City / State / Zip
PDT	MCCULLARS, GARY	5201 S W 195TH TERRACE	FT LAUDERDALE FL
D	MCCULLARS, GARY	5201 SW 195TH TERRACE	FT LAUDERDALE FL
STD	MCCULLARS, TRAVIS	5201 S W 195TH TERRACE	FT LAUDERDALE FL

8. Name and Address of Current Registered Agent

MCCULLARS, GARY  
5201 SW 195 TERRACE  
FT. LAUDERDALE FL 33332

9. Name and Address of New Registered Agent

Name	GARY MCCULLARS		
Street Address (P.O. Box Number is not acceptable)	5201 SW 195TH TERRACE		
Suite, Apt. #, Etc.	-10/27/99--01082--021		
City	State	Zip Code	
	FL		

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

*Gary McCullars*

REGISTERED AGENT MUST SIGN

Date 10/12/99

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gary McCullars* GARY MCCULLARS

10/12/99

954-521-3267  
954-680-7509

CR2020 09/23/99