## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR-REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # K20569

1. Corporation Name

## GALLION CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

7260 EXLINE ROAD JACKSONVILLE FL 32222 7260 EXLINE ROAD JACKSONVILLE FL 32222 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction be	DEINSTATEMENT DE
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable	To be a district model.
9800 Normany Blud 17267 Cross Branch Suite, Apt. #, etc.	KCI. 10 Do Business in Florida 04/07/1988
Suite# 01	5. FEI Number Applied For
City & State City & State	<b>59-3059518</b> Not Applicable
Sacksonville, Ha. Hilliard, Has 3221 United States 32046 United St	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must lis	

_3,,,,	1 United States 32041	e United States	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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip			
<del>-</del>	G <del>olden, Philip G</del> .	7 <del>260 EXLINE RO</del> AD	JÁCKSONVILLE FL			
9	JimmyGCunningham	17267 Cross Branch Rd.	Hilliard Fla 32046			
9 V		17267 Cross Branch Rd.	Hilliard, Fla. 32046			
	2					
		<b>4.0</b> 10/28/	0024186854 03-01011018 **750.00			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
GOLDEN, JENNY 7260 EXLINE RD JACKSONVILLE FL 32222	Name  Penny E. Cunning ham  Street Address (Plo. Box Number is Not Acceptable),  17267 Cross Branch Rd.  Suite, Apt. #, Etc.		
	City State Zip Code FL 32046	_	

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. or 617.0505, F.S.

Signature of Registered Ager

AGENT MUST SIGN

Date 10 - 24-03

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:

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #