

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 24 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K95131

1. Corporation Name

GALAXY ELECTRICAL CONTRACTING, INC.

Principal Place of Business

Mailing Address

1527 GALLEON AVE
MARCO ISLAND FL 33937
US

1104 N COLLIER BLVD
MARCO ISLAND FL 33937



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

20 MARCO LAKE DR. #2

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Marco Island Florida

City & State

Zip

34145

Country

U.S.A. Collier

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1989

5. FEI Number

65-0127023

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for 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
DPST	ZWERIN, JEFF	1527 GALLEON AVE	MARCO ISLAND FL
VCH	LEE, Fletcher-Zwerin	1527 Galleon Ave	Marco Island, Fla
			800002039748--7 -12/27/96--01087--010 ****200.00 ****200.00
			1996 J. Alvar 12/24/96

8. Name and Address of Current Registered Agent

ZWERIN, JEFF
1527 GALLEON AVE
1104 N COLLIER BLVD
MARCO ISLAND FL 33937

9. Name and Address of New Registered Agent

Name Jamie B. Gause
Street Address (P.O. Box Number is Not Acceptable)
1104 N. Collier Blvd
Suite, Apt. #, Etc. 800002039748--7
City -12/27/96--01087--011
****183 State 33937-75
FL 34145

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]
REGISTERED AGENT MUST SIGN

Date

9/24/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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

9/20/96

Daytime Phone #

7100
941-642-27