

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Sandra B. Horne
Secretary
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 PM 3:13

DOCUMENT # L23619

1. Corporation Name

Raul G. Gregorisch Electrical, Inc.

Principal Place of Business

1441 NE 24th Ct
Wilton Manors, Fl 33305

Mailing Address

1441 NE 24th Court
Wilton Manors, Fl 33305

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

2. New Principal Office Address, If Applicable

2106 NE 15th Avenue
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2106 NE 15th Avenue
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/89

5. FEI Number

65-1053371

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	Raul G. Gregorisch	2106 NE 15th Avenue	Wilton Manors, Fl 33305
D	Raul G. Gregorisch	2106 NE 15th Avenue	Wilton Manors, Fl 33305

~~800004474198--3~~
~~-07/13/01--01037--010~~
*****608.75 *****608.75

8. Name and Address of Current Registered Agent

Raul G. Gregorisch
1441 NE 24th Court
Fort Lauderdale, Florida 33307

9. Name and Address of New Registered Agent

Name
Robert J. Moraitis, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1310 Southeast Third Avenue

Suite, Apt. #, Etc.

City
Fort Lauderdale

State
FL

Zip Code
33316

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

RJ Moraitis

REGISTERED AGENT MUST SIGN

Date 6/13/01

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

RAUL G. GREGORISCH

6/13/01

Date

Daytime Phone #

565-1517
954-~~565-1517~~