

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000/135912

1. Corporation Name

GKG Construction and Plumbing Inc.

2. Principal Office Address - No P.O. Box #

3118 Coventry East

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

Pinellas

3. Mailing Office Address

3118 Coventry East

Suite, Apt. #, etc.

City & State

Safety Harbor FL

Zip

34695

Country

Pinellas

7. Name and Address of Current Registered Agent

Name

Hilary A. Garrigan Jr.

Street Address (P.O. Box Number is Not Acceptable)

3118 Coventry East

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Hilary A. Garrigan Jr.
REGISTERED AGENT MUST SIGN

Date

2/4/10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	H.A. Garrigan	3118 Coventry East	Safety Harbor, FL 34695

10. E-mail Address: **Garriganh@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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:

Hilary A. Garrigan Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/10

Daytime Phone #

(727)

791-0288

FILED

10 FEB 12 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000168620470
02/12/10--01024--012 **300.00

REINSTATEMENT

CR2E081 (11/09)

09-10

4. Date Incorporated or Qualified To Do Business in Florida

11/19/2003

5. FEI Number

200508492

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.