

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000025962

1. Corporation Name

GREG S. YOUNG ELECTRIC, INC.

Principal Place of Business

Mailing Address

~~4904 17TH PLACE S.W.~~
NAPLES FL ~~34116~~
US

~~4904 17TH PLACE S.W.~~
NAPLES FL ~~34116~~



FILED

01 OCT 15 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

REINSTATEMENT

7001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0400651

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

34120

U.S.A.

34120

U.S.A.

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 3	City / State / Zip 4
D	YOUNG, GREG S	4904 17TH PLACE S.W.	NAPLES FL 34116
		3232 Potomac Ct.	Naples, Fla, 34120
			400004650114--0
			-10/23/01--01056--007
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YOUNG, GREG S

~~4904 17TH PLACE S.W.~~ 3232 Potomac Ct.
NAPLES FL ~~33999~~ 34120

Name

Greg S. Young

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

3232 Potomac Ct.

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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

Greg S. Young
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/11/01

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:

Greg S. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01
Date

1-941-455-4701
Daytime Phone #

CR2040 (8/01)