

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 15 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031657

1. Corporation Name

G H INDUSTRIAL, INC.

Principal Place of Business

4441 SE 53RD AVE
OCALA FL 34478
US

Mailing Address

P.O. BOX 5448
OCALA FL 34478-5448

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

2. New Principal Office Address, If Applicable

3990 SE 44TH AVE. RD
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1993

5. FEI Number

59-3177845

Applied For

Not Applicable

City & State

OCALA, FL

City & State

Zip

34480

Country

MARION

Zip

Country

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
D	HORNBY, G G III	4405 SE 14TH ST.	OCALA FL 34471
D	HORNBY, LORI	4405 SE 14TH ST.	OCALA FL 34471
			600003178616--7 -03/22/00--01002--018 ***1050.00 ***1050.00
			LS

8. Name and Address of Current Registered Agent

HORNBY, G G III
4405 SE 14TH ST
OCALA FL 34471

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 02-21-00

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #