

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *reinstatement*
REINSTATEMENT



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

APPROVED
AND
FILED

1997 APR -3 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038066

1. Corporation Name

Gain Industries, Inc.

Principal Place of Business

Mailing Address

12180-28th Street North
St. Petersburg, FL 33716

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

5/20/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
59-3244590

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
P/S/T	Rebecca W. Drew	8069-27th Avenue North	St. Petersburg, FL 33710

000002134030-2
-04/04/97-01092-007
***\$15.00 ***\$15.00

REINSTATEMENT *reinstatement 4/13/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jack E. Campbell
13723 Feather Sound Circle East #208
Clearwater, FL 34622

Name
Robert D. Carreiro

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

3137-49th Street North

Suite, Apt. #, Etc.

City

St. Petersburg,

State
FL

Zip Code
33710

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

Robert D. Carreiro

REGISTERED AGENT MUST SIGN

Date

4/12/97

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

REBECCA W. DREW

Date

4-2-97

Daytime Phone #

813/572-8350