

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

97 DEC 12 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000041063

1. Corporation Name

GULFSTREAM ELECTRICAL CONSTRUCTION CORP.

Principal Place of Business

Mailing Address

12864 BISCAYNE BLVD. # 267
NORTH MIAMI, FL. 33181-2007

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

2. New Principal Office Address, If Applicable

12864 BISC. BLVD
Suite, Apt. #, etc. # 267

3. New Mailing Office Address, If Applicable

SAME AS #2
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

DECEMBER 1994

5. FEI Number

650 497805

Applied For

Not Applicable

City & State

N. MIAMI, FL

City & State

Zip

33181-2007

Country

U.S.

Zip

Country

U.S.

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
<u>PRES</u>	<u>JOHN ALVORD</u>	<u>11111 BISCAYNE BLVD.</u>	<u>MIAMI, FL. 33181</u>
<u>V/P</u>	<u>ROBERT MITCHELL</u>	<u>1007 NE 113 ST</u>	<u>MIAMI, FL 33161</u>

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****915.00 ****915.00

8. Name and Address of Current Registered Agent

JOHN ALVORD
11111 BISCAYNE BLVD. # 610
MIAMI FL. 33161

9. Name and Address of New Registered Agent

Name JOHN ALVORD
Street Address (P.O. Box Number is Not Acceptable)
11111 BISCAYNE BLVD.
Suite, Apt. #, Etc. # 610
City MIAMI
State FL Zip Code 33181

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

John Alvord

REGISTERED AGENT MUST SIGN

Date 12/9/97

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:

John Alvord JOHN ALVORD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/97
Date

305 892 2678
Daytime Phone #