PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000041337

1. Corporation Name

KEVIN GALLAGHER TILE COMPANY

Principal Place of Business

SIGNATURE:

Mailing Address

770 N.W. 79TH AVENUE

770 N.W. 79TH AVENUE

FILED

97 JAN 27 AH 11: 42

SECRETARY OF STATE TALLAHASSEE FLORIDA



MARGATE PL 33003		MANGATE PL 33063			1 DEBITER IN TOTAL BUILD ROLL BOTH BOTH BOTH BOTH REPORT HORE THE FILL HORE FOR A			
					REINST	TATEMENT	(N) 91	
If above a	addresses are incorrect in any way, line t	hrough incorrect in	formation and ente	r correction below.		ar a militure & f	000 70	
					4. Date Incorp	Date Incorporated or Qualified     To Do Business in Florida     05/25/1995		
350 DOUGLAS ROAD			350 DOUGLAS ROAD					
Suite, Apt.	~	Suite, Apt. #,	Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State	A		City & State			The second in th		
OLD	SMM, FL	OLDSI	OLDSMIL FL			e e		
Zip 346	Country	Zip 3467	7 Cour	itry		E OF STATUS DESIRED 58	75 Additional Fee required or a Certificate of Status	
7. Names	and Street Addresses of Each Officer an			rations must list at	least 3 directors)			
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		tor	City / State / Zip		
PVST	GALLAGHER, KEVIN		770 N.W. 79TI	1 AVENUE		MARGATE FL 33063	ARGATE FL 33063	
D	GALLAGHER, KEVIN	770 N.W. 79TH AVENUE			MARGATE FL 33063			
-					50	0002070 -01/28/970 ****375.00	4552 01102007	
						****375.00	****375.00	
	8. Name and Address of Currer	nt Registered Age	nt .		9. Name and	Address of New Registered	Agent	
				Name	1 .			
TILLE	M, SCOTT				EPH K	NOFIL		
770 N.W. 79TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)				
MARGATE FL 33063				378		STATE ROSE	) /	
MA IV	3A1E 1 E 00000			Suite, Apt. #, E	etc.			
				City LAUD	FROALE	LANES State		
10. I, bein	g appointed the registered agent of the a	bove named empo	oration, am familiar	with and accept the	obligations of Sect	tion 607.0505, F.S.		
Signature o Registered	Agent -	MEGISTERED AG	ENT MUST SIGN			Date	96	
11. Do	pes this corporation pay ept. of Revenue under S	any intang 3. 199.032,	ible tax to Florida Sta	the atutes. Ye	s 🗌 No 🗵	(See other si	de for information ngible tax.)	
this rei owed b	that I am an officer or director or the re- statement application, the reason for die the corporation have been paid and the	ssolution has been e names of individ	eliminated, the column this for the column thas column the column the column the column the column the column	rporate name satisfi form do not qualify t	ies the requirements for an exemption un	s of section 607,0401 or 617.0	0401, F.S., that all fees	

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