

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Sandra B. Montan  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JAN 26 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000007402

1. Corporation Name

MR. G'S SALES &amp; SERVICES, INC.

Principal Place of Business

2600 West Michigan Avenue  
Lot 379 C  
Pensacola, Florida 32526

Mailing Address

the same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/23/98

5. FEI Number

☒ Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ~~Non-Resident~~

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
PSTD	Golembiewski, James A	2600 West Michigan Avenue Lot 379 C	Pensacola, Florida 32526
			000003119070-5
			-02/01/00 -01107-013
			****300.00 ****300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AmeriLawyer  
343 Almeria Avenue  
Coral Gables, FL 33134Name  
Spiegel & Utrera, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
Suite, Apt. #, Etc.

City Coral Gables

State FL Zip Code 33134

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent By:

Spiegel &amp; Utrera, P.A.

Natalia Utrera, Vice President

Date

1/25/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

1/07/00

(850)-941-

Daytime Phone #

8268