

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

03 MAY -7 AM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PA8000044900

1. Corporation Name

T.G.E., Inc.

*HA*

**REINSTATEMENT 99-03**

2. Principal Office Address

617 East Washington St.

3. Mailing Office Address

Suite, Apt. #, etc.

#4

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

FL

Zip

32801

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5/18/1998

5. FEI Number

59-3514024

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Miller, South, Milhausen, Carr, P.A. c/o Jeffrey P. Milhausen

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

2699 Lee Rd.

Suite, Apt. #, Etc.

Suite 120

City

Winter Park

State

FL

Zip Code

32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Jeffrey P. Milhausen

Date 4-28-03

REGISTERED AGENT MUST SIGN For the firm

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TIMOTHY J. GALVIN	1129 SHERRINGTON RD	ORLANDO, FL 32804
T	TIMOTHY J. GALVIN	1129 SHERRINGTON RD	ORLANDO, FL 32804
S	TIMOTHY J. GALVIN	1129 SHERRINGTON RD.	ORLANDO, FL 32804

10. 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

4-28-03

Date

407 420  
9971

Daytime Phone #

CR2E081 (10/02)