

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAR 07 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000025690**

1. Corporation Name

**HG&M, INC.**

Principal Place of Business

~~570 INVERNESS AVE.  
MELBOURNE FL 32940~~

Mailing Address

~~570 INVERNESS AVE.  
MELBOURNE FL 32940~~

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

2. New Principal Office Address, If Applicable

**2911 Dusa Dr**

Suite, Apt. #, etc.

**Suite B**

City & State

**Melbourne, FL**

Zip

**32934**

Country

3. New Mailing Office Address, If Applicable

**2911 Dusa Dr**

Suite, Apt. #, etc.

**Suite B**

City & State

**Melbourne FL**

Zip

**32934**

Country



**2001-2002 UBP**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/15/1999**

5. FEI Number

**59-3569311**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 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	4 City / State / Zip
DP	KIRALY, ELIZABETH	570 INVERNESS AVE. <b>579 Sacre Coeur Dr</b>	MELBOURNE FL 32940 <b>32935</b>
DS <b>DS/DT</b>	KIRALY, GARRY R	570 INVERNESS AVE. <b>579 Sacre Coeur Dr</b>	MELBOURNE FL 32940 <b>32935</b>
DT <b>DT</b>	KIRALY, HARRY E	570 INVERNESS AVE. <b>579 Sacre Coeur Dr</b>	MELBOURNE FL 32940 <b>32935</b>
			<b>700005182307--1</b>
			<b>-04/02/02--01030--003</b>
			<b>****300.00 ****300.00</b>

8. Name and Address of Current Registered Agent

**JOHNSON, WILLIAM A P.A.  
6550 N. WICKHAM RD., STE. 6  
MELBOURNE FL 32940**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

**William A. Johnson**

REGISTERED AGENT MUST SIGN

Date

**2/27/02**

11. 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:

**Garry R Kiraly**

**Garry R Kiraly**

**2/27/02 (321) 757-3355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)