

APPLICATION  
FOR  
REINSTATEMENT



**FILED**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**GAT, INC.**

TEN BROOK LANE  
LAKELAND FL 33803



# REINSTATEMENT

00-01

09/03/1999

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75** Additional Fee required for a Certificate of Status

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TYSON, GEORGE S	TEN BROOK LANE	LAKELAND FL 33803
			LS
			800003623428--6 -02/01/01--01101--009 *****750.00 *****750.00

TYSON, GEORGE S  
TEN BROOK LANE  
LAKELAND FL 33803

City

-02/01/01--01101--010

\*\*\*150.00 \*\*\*150.00

FL

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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

REGISTERED AGENT MUST SIGN

Date 12/15/2000

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #