

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
16 MAR 29 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F14000004322

1. Corporation Name

Gaskets Rock International, Inc.

2. Principal Office Address - No P.O. Box #

504 Parkway View Drive  
Suite, Apt. #, etc.

3. Mailing Office Address

504 Parkway View Drive  
Suite, Apt. #, etc.

City & State

Pittsburgh, PA  
Zip Country

City & State

Pittsburgh, PA  
Zip Country

15205  
United States

United States

15205  
United States

United States

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street  
Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

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

**Paul Gottlieb**  
VICE PRESIDENT

REGISTERED AGENT MUST SIGN

Date

2/25/16

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
ASST D	Jim Cox	504 Parkway View Drive	Pittsburgh, PA 15205

**REINSTATEMENT**

2015 2016

10. E-mail Address: CHRIS BLADEN @ GASKETSROCK.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE:

PRESIDENT JAMES L. COX

2/17/2016

412 787 2111

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date

Business Phone #