

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
00 NOV 29 PM 12:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J24747

1. Corporation Name

GENERAL STAIR CORPORATION

Principal Place of Business

Mailing Address

4115 NW 132 ST
OPA LOCKA FL 33054

4115 NW 132 ST
OPA LOCKA FL 33054

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

REINSTATEMENT

50

2. New Principal Office Address, If Applicable
690 W 83 STREET

3. New Mailing Office Address, If Applicable
690 W 83 STREET

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2705429

Applied For

Not Applicable

City & State

HALEAH, FL

City & State

HALEAH, FL

Zip

33014

Country

Zip

33014

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 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
PSD	BEHAR, SABY	4115 NW 132 ST	OPA LOCKA FL 33054
D	VAINSTEIN, GODY	4115 NW 132 ST	OPA LOCKA FL 33054
T	VAINSTEIN, MOISES	4115 NW 132 ST	OPA LOCKA FL 33054
			900003496399--2 -12/12/00--01019--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BEHAR, SABY
4115 NW 132 ST
BAY O
OPA LOCKA FL 33054

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/8/00

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SABY BEHAR

Date

Daytime Phone #

10/18/00

(305) 769-9900

KE

CR2E910 (6/00)