

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY -5 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F60371

1. Corporation Name

G & E CONSTRUCTION COMPANY

2. Principal Office Address

P. O. BOX 546945

3. Mailing Office Address

P. O. BOX 546945

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SURFSICE, FLORIDA

City & State

SURFSIDE, FLORIDA

Zip

33154

Country

U.S.A.

Zip

33154

Country

U. S. A.

4. Date Incorporated or Qualified  
To Do Business in Florida

1980

5. FEI Number

59-214-6291

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

MOSES HERSMAN

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

3530 MYSTIC POINTE DR.

Suite, Apt. #, Etc.

APT. #3115

City

AVENTURA

State

FL

Zip Code

33180

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

*Moses Hersman*

Date

4/29/04

REGISTERED AGENT MUST SIGN

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
Pres	MOSES HERSMAN	3530 MYSTIC POINTE DR. #3115	AVENTURA, FL 33180

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:

*Moses Hersman*

MOSES HERSMAN

4/29/04

786-486-9805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2082

# *J & E Construction Company*

P.O.Box 546945; Surfside, FL 33154

April 29, 2004

Department of State  
Division of Corporations  
P.O.Box 6327  
Tallahassee, FL 32314

Gentlemen:

Attached please find our check in the amount of \$300.00 and Corporation Reinstatement duly executed.

We found out that last year we did not receive the Renewal papers because our Corporation moved out from: 1055 Kane Concourse, Bay Harbor Islands, FL 33154 back on January 31, 2002.

The check that we are enclosing for \$300.00n covers the Fee for 2003 and 2004.

We respectfully request that you waive the late fee and reflect in your records that our mailing address is : P.O. Box 546945, Surfside, FL 33154

Thank-you for your cooperation,



Moses Hersman  
President