

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 20 PM 12: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 63277

1. Corporation Name

Gore-Haigh Sales, Inc.

2. Principal Office Address

581 N.W. 110th Ave.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

U.S.

3. Mailing Office Address

581 N.W. 110th Ave.

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

U.S.

REINSTATEMENT

00-04

4. Date Incorporated or Qualified  
To Do Business in Florida

01/15/82

5. FEI Number

59-2141150

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

Alice Gore-Haigh

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

581 N.W. 110th Ave.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Alice Gore-Haigh

Date 12-16-04

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
VTD	Bruce Haigh	581 N.W. 110th Ave.	Plantation, FL 33324
PSD	Alice Gore-Haigh	581 N.W. 110th Ave.	Plantation, FL 33324

12/16/04

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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:

David B. Haigh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/04 954-693-8801

Daytime Phone #

CR2E081 (01/04)