

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003489**

1. Corporation Name

**GEHR INDUSTRIES, INC.**

Principal Place of Business

Mailing Address

7400 EAST SLAUSON AVENUE  
COMMERCE CA 90040 - 3308

7400 EAST SLAUSON AVENUE  
COMMERCE CA 90040 - 3308

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/1993

5. FEI Number

95-2474891

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GEHR, NORBERT	7400 EAST SLAUSON AVENUE	COMMERCE CA 90040 - 3308
S	ROSENTHAL, CARL	7400 EAST SLAUSON AVENUE	COMMERCE CA 90040 - 3308
VP	LIESCHITZ, DAVID	7400 EAST SHERATON AVENUE SLAUSON, AVU	COMMERCE CA - 90040-3308
			600024924726 11/21/03--01034--017 **600.00
			600024924726 12/17/03--01009--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

Name

DANIEL LITVACK

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

1475 W. CYPRESS CREEK RD

Suite, Apt. #, Etc.

200

City

F.P. LAUDERDALE

State

FL

Zip Code

33309

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Daniel Litvack*

REGISTERED AGENT MUST SIGN

Date 11/5/03

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

*Carl Rosenthal*  
323-728-5558 XT 6700  
FAX 323-725-0610  
CARLR@GEHR.COM

Date

Daytime Phone #

11/5/03

CH2E040 (7/03)