

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 12 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000000694

1. Corporation Name

George H. Pastor & Sons, Incorporated

2. Principal Office Address
34018 Beacon

3. Mailing Office Address
34018 Beacon

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Livonia, MI

City & State
Livonia, MI

Zip
48150

Country
US

Zip
48150

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 02/14/1994

5. FEI Number
382420668

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name
Richard J Pastor

Street Address (P.O. Box Number is Not Acceptable)
3250 Candice Ave

Suite, Apt. #, Etc.
Ste 5

City
Jenson Beach

State
FL 34957

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

Richard J Pastor
REGISTERED AGENT MUST SIGN

Date 09/29/2006

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
CEO	Richard J Pastor	35758 Nancy Gail	Farmington, MI 48331
P	John R Pastor	18723 Vanderhaven LN	Livonia, MI 48152
VP	Craig S Pastor	20072 Parker	Livonia, MI 48152
ST	Timothy M Pastor	12840 Stanely	Belleville, MI 48111

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 contained in Chapter 119, 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

John R Pastor

09/29/2006

Date

734-522-3800

Daytime Phone #