

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -6 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J60128

1. Corporation Name

GREAT AMERICAN SERVICE INDUSTRIES, INC.

Principal Place of Business

7014 NW 39TH CT
CORAL SPGS FL 33065
US

Mailing Address

PO BOX 9602
CORAL SPRINGS FL 33075-9602
US



2002 UBR

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

4. Date Incorporated or Qualified To Do Business in Florida

02/24/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2769806

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
PS	SWERDLOFF, LEE M.	7014 NW 39TH CT	CORAL SPGS FL 33065

400008829404
11/06/02--01073--006 **150.00

8. Name and Address of Current Registered Agent

SIEGEL, STEPHEN S.
7411 MIAMI LAKES DR
MIAMI LAKES FL 33014

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

CR2E040 (6/02)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-24-02

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 REQUIRED
Lee M. Swerdlow Pres.

Date

Daytime Phone #

954-290-1556

10/29/02

Great American Service Industries, Inc.

PO BOX 9602
Coral Springs, FL 33075

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Phone 954-290-1556
Fax 954-753-3727

October 30, 2002

Florida Dept of State
Division of Corporations / Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

Please be advised that we have not dissolved our corporation , and we wish to have the company reinstated to active status.

The necessary forms to apply for annual status were **most certainly never received** by our company. Neither the first nor the second notices were received, perhaps the post office delivered them to the wrong mailbox. We would appreciate if you waive the penalty for late filling as current laws allow. Enclosed is company check for \$ 150.00.

Thanking you in advance for your help in this matter.

Yours Truly,

 president

Lee M Swerdloff
President
Great American Service Ind. Inc.