

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
04 JUL 26 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L97788**

1. Corporation Name

GIROUX BUILDING AND DESIGN, INC.

310 ROBERTS QUARTER ROAD
SAME

2. Principal Office Address

310 ROBERTS QUARTER ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CONCORD, GA

City & State

SAME

Zip

30206

Country

Zip

SAME

Country

4. Date Incorporated or Qualified

To Do Business in Florida 9/5/90

5. FEI Number

65-0268074

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

MICHAEL K. FISH, C.P.A.

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

7700 N. KENDALL DRIVE

Suite, Apt. #, Etc.

SUITE 501

City

MIAMI

State
FL

Zip Code
33156

REINSTATEMENT 9904

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

[Signature]

Date 07/02/2004

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
P	MARK GIROUX	310 ROBERTS QUARTER ROAD	CONCORD, GA 30206

400039542584
07/27/04--01008--001 **900.00

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/2004

Date

770-884-0935

Daytime Phone #

CR2E081 (01/04)

Michael K. Fish, P.A.

CERTIFIED PUBLIC ACCOUNTANT

July 2, 2004

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

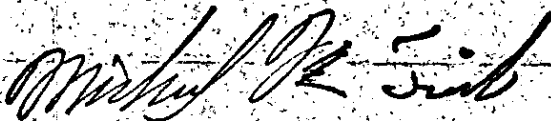
Re: Giroux Building and Design, Inc.
Doc: L97788

Dear Sir or Madam:

Enclosed please find the application for Corporate Reinstatement for the above referenced entity. It has come to my attention that this entity has been dissolved as of September 24, 1999. The corporation did not receive notification to file via mail or otherwise. Also enclosed is a check for \$900. Please accept this as payment in full and reinstate this Corporation.

Thanking you in advance for your timely assistance with this matter. If you require further information, please contact my office.

Sincerely,



Michael K. Fish
Certified Public Accountant

Enclosures

Cc: Giroux Building and Design, Inc.

/kg:

7700 N. KENDALL DRIVE, SUITE 501
MIAMI, FL 33156

TELEPHONE: (305) 279-8484 • FAX: (305) 279-4409