PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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	**3.** Mailing Office Address
310 ROBERTS QUARTER ROAD	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

REINSTATEMENT 9904

Suite, Apt. #, Etc.
SUITE 501

City: MIAMI | State: FL | Zip Code: 33156

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 _____ Date 07/02/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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: _____ 7/2/2004 770-884-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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