

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED 10/2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 28 AM 9: 31

DOCUMENT # P00000106100

1. Corporation Name

GERSTMAN ENTERPRISES, INC.

Principal Place of Business

4040 NW 100TH AVE
CORAL SPRINGS FL 33065

Mailing Address

4040 NW 100TH AVE
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2000

5. FEI Number

65-1057173

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
D	GERSTMAN, MICHAEL	4040 NW 100TH AVE	CORAL SPRINGS FL 33065

500004719625--3
-12/12/01--01004--016
****150.00 ****150.00

8. Name and Address of Current Registered Agent

GERSTMAN, MICHAEL
4040 NW 100TH AVE
CORAL SPRINGS FL 33065

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

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/16/01

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

Date

Daytime Phone #

10/16/01 954-340-6960

Gerstman Enterprises, Inc.

2052

October 23, 2001

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

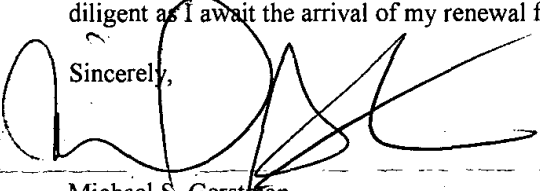
I recently received an application for Reinstatement of my Corporation, as well as a Certification of Administrative Dissolution or Revocation.

When I called the Division of Corporations, I was told that I had received this because I did not renew my Corporation earlier in the year.

Unfortunately, I have no records indicating that I received a renewal notice. I have not moved my business location and have not had a problem with the mail that I know of. However, it is my intention to keep this corporation open, as I am dependent upon it for my livelihood. When speaking with your representative at the Division of Corporations, I was told to return the Certificate of Reinstatement with this cover letter and a check payable to the Department of State for \$150.00.

It is my sincere hope that you honor this request and I can assure you that I will be diligent as I await the arrival of my renewal form next year.

Sincerely,


Michael S. Gerstman
President