

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP -3 PM 2: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000014008**

1. Corporation Name

GARY BOUVIER CAPITAL, INC

2. Principal Office Address

2511 PROVENCE CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

USA

3. Mailing Office Address

2511 PROVENCE CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

USA

200040825982

09/03/04--01074--005 **450.00

REINSTATEMENT

Date Incorporated or Qualified
To Do Business in Florida

06/05/2000

5. FEI Number

65-1020829

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

GARY BOUVIER

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

2511 PROVENCE CIRCLE

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

8/25/04

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
PRES	GARY BOUVIER	2511 PROVENCE CIRCLE	WESTON, FL 33327

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: **GARY BOUVIER**
[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/25/04

Daytime Phone #

CR2E081 (01/04)

8/23/04

Florida Department of State

DIVISION OF CORPORATIONS

Re: Gary Bouvier Capital, Inc.

Fed ID # 65-1020929

Doc # P01000014008

Please be advised that the above named corporation never received any business forms for the year 2002.

Gary Bouvier

GARY BOUVIER
PRESIDENT