

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOR  
REINSTATEMENT

DOCUMENT # P01000057325

1. Corporation Name

GENERAL PROPERTY IMPROVEMENT, INC.

Principal Place of Business

1760 NW 3RD AVE  
POMPANO BEACH FL 33060

Mailing Address

1760 NW 3RD AVE  
POMPANO BEACH FL 33060



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

06/04/2001

5. FEI Number

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	BALLAYRAM, ABESH	1760 NW 3RD AVE	POMPANO BEACH FL 33060

AB 11/5

900008863919  
11/07/02-01037-011 \*\*150.00

8. Name and Address of Current Registered Agent

PESTANO, ANTOLIN JR  
7758 NW 44 ST  
SUNRISE FL 33351

9. Name and Address of New Registered Agent

Name

ABESH BALLAYRAM

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

1760 NW 3 AVE POMPANO 33060

Suite, Apt. #, Etc.

City

POMPANO

State

FL

Zip Code

33060

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

ABESH BALLAYRAM

REGISTERED AGENT MUST SIGN

SIGNATURE REQUIRED

Date

11/5/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

11/5/62

TO WHOM IT MAY CONCERN

I DID NOT RECEIVE A  
RENEWAL NOTICE FROM  
MY CORPORATIONS I AM  
SENDING A CHECK TO REIN-  
STATEMENT I DO HOPE  
YOU BELIEVE ME THANK YOU  
AND MAY GOD BLESS YOU

Adrian Bell