

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000027632

1. Corporation Name

G.L.R. INDUSTRIAL & CONTRACTOR SUPPLIES, INC.

Principal Place of Business

Mailing Address

5199 NW 7TH STREET #302E  
MIAMI FL 33126

5199 NW 7TH STREET #302E  
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/13/2002

5. FEI Number

41-2037673

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
PD	SILVA, ROBERTO J	5199 NW 7TH STREET #302E	MIAMI FL 33126

600024761116

11/17/03--01093--007 \*\*150.00

8. Name and Address of Current Registered Agent

SILVA, ROBERTO J  
5199 NW 7TH STREET #302E  
MIAMI FL 33126

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Roberto J. Silva*  
REGISTERED AGENT MUST SIGN

Date 11/12/03

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:

*Roberto J. Silva*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/03 305-725-5758  
Date Daytime Phone #

CR2E040 (7/03)

November 12, 2003

G.L.R. Industrial & Contractor Supplies  
Roberto J. Silva  
5199 N.W. 7<sup>th</sup> St. # 302E  
Miami, Florida 33126  
Document # P02000027632

To Whom It May Concern:

The purpose of this letter is to inform you that G.L.R. Industrial and Contractor Supplies, Inc. has never received a uniform business report notice. I contacted the Florida Department of State as soon as I received the notice of Administrative Dissolution or Revocation and was told of a reinstate fee of \$750.00. I'm asking you to please waive this fee. This is a brand new business and a fee of this magnitude could really set us back. We are going through our growing pains and now comprehend the schedule of this yearly fee. We appreciate your understanding on this matter.

Enclosed you'll find a \$150.00 check as explained by your customer service department. Please let us know if there are any other fees or resources for information we should be looking at in order to maintain ourselves within the legal boundaries. I could be reached at 305-725-5758 or via fax @305-443-7998.

Respectfully,  
Roberto Silva (CEO)

A handwritten signature in dark ink, appearing to read 'Roberto Silva', is written over a horizontal dashed line.