

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 24 PM 1:48

DOCUMENT # **902000091896**

1. Corporation Name

G.C.P. REMODELING, INC.

PO BOX 415369

2. Principal Office Address

PO BOX 415369

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH

City & State

Zip

33141

Country

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 08/23/2002

5. FEI Number

42-1557818

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

GUILLERMO G POTENTA

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

3100 COLLINS AVENUE

Suite, Apt. #, Etc.

803

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

9/23/2004

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
PD	GUILLERMO G POTENTA	3100 COLLINS AVE. #803	MIAMI BEACH, FL. 33140

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/23/2004 (786) 971-6993

Daytime Phone #

CR2E081 (01/04)

102

G.C. P. REMODELING, INC.
P.O.BOX 415369
MIAMI BEACH, FL. 33141

September 23, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

DEAR DIRECTOR:

I NEVER HAD A CORPORATION BEFORE AND THIS IS MY FIRST TIME DEALING WITH CORPORATIONS, AFTER I INCORPORATED I MOVE FROM THE APT 403 TO 803 ON THE SAME BUILDING, SO I NEVER RECEIVED ANY NOTIFICATION THAT I WAS SUPPOSE TO RENEW MY CORPORATION.

I APOLOGIZE FOR SUCH MISTAKE AND I WOULD LIKE THAT YOU PLEASE RECEIVED THIS \$ 300 THAT IS \$ 150 FOR THE YEAR 2003 AND \$ 150 FOR THE YEAR OF 2004.

I WILL HIGHLY APPRECIATE YOUR CONSIDERATION ON THIS MATTER,

SINCERELY,


GUILLERMO G POTENTA, PRESIDENT