

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 DEC 31 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000115063**

1. Corporation Name

G & W IMPROVEMENTS PLUS, INC.

Principal Place of Business

Mailing Address

5608 BAYBERRY LANE
TAMARAC FL 33319

5608 BAYBERRY LANE
TAMARAC FL 33319

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

10/23/2002

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MURRAY, CHARLES	5608 BAYBERRY LANE	TAMARAC FL 33319

300025905183
12/31/03--01068--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COTLER, CRAIG B-
8751 W. BROWARD BLVD. #305
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

(No Change)

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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:

Charles L. Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Dec 03
Date

954-714-5017
Daytime Phone #

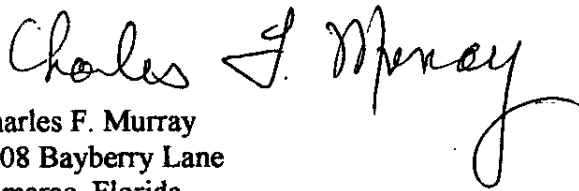
CR20040 (7/03)

12/29/03

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida

Dear Sir or Madam:

Please reinstate our company name as per attached form.
We have received no notices this year regarding dissolution of this corporation.
We wish to retain the corporation name.
We have nothing to report at this time.
Enclosed is our cheque for \$150.00.


Charles F. Murray
5608 Bayberry Lane
Tamarac, Florida
33319