

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
AR



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP -7 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000630828*

1. Corporation Name

G & W Asphalt + Seal Coating INC.

800185123948
09/07/10--01060--003 **550.00

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

2848 Washington Dr

3. Mailing Office Address

2848 Washington Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33311

Country

Broward

Zip

33311

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

11-12-03

5. FEI Number *2603-82-920*

11-12-03

☐ 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 *Margory Solomon*

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

2848 Washington Dr

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State

FL

Zip Code

33311

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

Margory Solomon

REGISTERED AGENT MUST SIGN

Date *9-3-10*

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
<i>Pres</i>	<i>Margory Solomon</i>	<i>2848 Washington Dr</i>	<i>Ft. Lauderdale FL 33311</i>
<i>VP</i>	<i>Deborah Solomon</i>	<i>3351 NW 18th Pl</i>	<i>Ft. Lauderdale FL 33311</i>

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Margory Solomon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-3-10 954 536-6430

Date

Daytime Phone #