

Page 102

11/21/06 01026 002
\$300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

06 DEC -6 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000062252**

1. Corporation Name

**G. Construction And Home
Improvement Inc.**

REINSTATEMENT 05-06

2. Principal Office Address

10002 Sara Lee Lane
Suite, Apt. #, etc.

3. Mailing Office Address

645 Butterfly Creek DR
Suite, Apt. #, etc.

CR2E081 (12/05)

City & State

00000 Florida

City & State

00000 Florida

Zip

34761

Country

U.S.A.

Zip

34761

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/2004

5. FBI Number

61-1484377

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

Ganesh D. Deonarine

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

645 Butterfly Creek DR

Suite, Apt. #, Etc.

City

00000

State

FL

Zip Code

34761

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

Ganesh D. Deonarine

REGISTERED AGENT MUST SIGN

Date **11-24-06**

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
P	Ganesh D. Deonarine	645 Butterfly Creek DR	00000 FL 34761

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 contained in Chapter 118, 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:

Ganesh D. Deonarine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-24-06
Daytime Phone # **(407) 443-2996**

20 12/06

Page 2 of 2

2g:

G. Construction and Home Improvement
645 Butterfly Creek DR.
Ocoee FL, 34761


To Whom It May Concern:

Dear Sir/Madam, I the undersigned hereby request that the 2005 filing fee for G. Construction and Home Improvement ~~Inc~~ be waived due to the fact that the company address was changed to 645 Butterfly Creek Dr. Ocoee FL, 34761 and the filing papers were sent to the old address of 1002 Sara Lee Lane Ocoee FL, 34761.

I sincerely apologize for any inconvenience that this has cause and thank you very much for taking the time to look this matter over.

Thank You,

Ganesh Deonarine


President