

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

11 JUN -2 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000096401

1. Corporation Name

GULF ATLANTIC STORM & RECOVERY SERVICES, INC.

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

10085 Rose Rd

Suite, Apt. #, etc.

3. Mailing Office Address

3909 Reserve DR

Suite, Apt. #, etc.

1413

City & State

Tallahassee, FL

Zip

32311

Country

USA

City & State

Tallahassee, FL

Zip

32311

Country

USA

CR2E081 (11/10)

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

26-3607951

☒ 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

Stanley L SAVARY, SR

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

10085 ROSE RD

Suite, Apt. #, Etc.

TALLAHASSEE FL

City

State

FL

Zip Code

32311

300208404993

06/03/11--01002--002 **908.75

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

Stanley L Savary

REGISTERED AGENT MUST SIGN

Date 6-2-11

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
DR VP	JEFFREY SAVARY	10085 ROSE RD	TALLAHASSEE, FL 32311
Pres.	JENNIFER J. SAVARY	3909 Reserve DR #1413	TALL FL 32311
CFO	STANLEY SAVARY	10085 ROSE RD	TALL, FLA 32311

REINSTATEMENT

10-11 alt

10. E-mail Address: Gulf.atlantic@yahoo.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Stanley L Savary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-2-11

Daytime Phone #