

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 13 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009817

1. Corporation Name

Gulfstream Painting, Caulking,
Waterproofing, Inc.

GR

REINSTATEMENT 2003

200024698132

11/14/03--01009--019 **750.00

2. Principal Office Address

6920 Coolidge St

Suite, Apt. #, etc.

3. Mailing Office Address

6920 Coolidge St

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33024

Country

U.S.

City & State

Zip

-

Country

-

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-27-93

5. FEI Number

650391870

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Samuel H. Kinnett

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

6920 Coolidge St.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33024

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

Samuel H. Kinnett

REGISTERED AGENT MUST SIGN

Date 11-6-03

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	Samuel Kinnett	6920 Coolidge St	Hollywood, FL 33024

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:

Samuel H. Kinnett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel H. Kinnett 11-6-03

Date

954-963

Daytime Phone #

6743

CR2E081 (10/02)