

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 SEP -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020225

1. Corporation Name

G.J.P. 1101 Inc.

2. Principal Office Address

1101 South Riverside

Suite, Apt. #, etc.

204

City & State

Pompano Beach, FL

Zip

33062

Country

U.S.A

3. Mailing Office Address

5790 Etienne-Dallaire

Suite, Apt. # etc

202

City & State

Lévis, Quebec

Zip

G6V 8V6

Country

Canada

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/1993

5. FEI Number

650397677

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06

7. Name and Address of Current Registered Agent

Name

Brochu, Donald

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

1101 South Riverside Drive

Suite, Apt. #, Etc.

204

City

Pompano Beach

State

FL

Zip Code

33062

200079539022
09/07/06--01008--010 **108.75

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

Donald Brochu

Date 22/08/06

REGISTERED AGENT MUST SIGN

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.D	Brochu, Donald	1101 S.Riverside, #204	Pompano Beach, FL. 33062

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:

Donald Brochu

Donald Brochu

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

21/8/06 450-347-0368

Daytime Phone #

CR2E061 (10/02)