

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000013849

1. Corporation Name

G.W.BADER, INC.

Principal Place of Business

950 SW 12 AVE.  
POMPANO BEACH FL 33069

Mailing Address

P.O. BOX 10582  
POMPANO BEACH FL 33060

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/18/1994

5. FEI Number

65-0466824

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>P</del>	<del>BADER, GARY W.</del> PLEASE REMOVE	<del>121 SE 12TH CT</del>	<del>POMPANO BEACH FL 33060</del>
P	BADER, WILLIAM	220 SW 18 ST	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

MANCINI, FRANK J  
2128 HOLLYWOOD BLVD.  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

400002340394--8

11/06/97-01080-014

\*\*\*\*165.00 \*\*\*\*165.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-24-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954  
10-24-97 783-3888

FILED

97 OCT 30 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E040 (8/97)

②

# Sea Green

## Landscaping & Lawn Maintenance

10/23/97

To whom it may concern,  
Please remove Gary W. Bader, from the Corporate Documents.

Also this is to inform you, that, G. W. Bader, INC. did not receive, to the best of our knowledge, any prior notice that there was a problem, or a need. If notice was given, please excuse our error, and we will be more diligent in the future.

Thank You.

Sincerely,



William Bader