

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 OCT 16 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000091491**

1. Corporation Name

FLORIDA INTERLOCK BLOCK Co.

800008374528--3

-10/15/02--01047--008

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

5283 MAPLE LANE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

Zip

34113

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0540180

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

SERGE GASCON

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

5283 MAPLE LANE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34113

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

REGISTERED AGENT MUST SIGN

Date 10-8-02

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
PRES.	MARC LESSARD	1111 RIVER RD.	OTTAWA ONTARIO K1K 3W2

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:

Marc Lessard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/02  
Date

613-742-7773  
Daytime Phone #

CR2E081 (9/01)

73 10/16/02

Florida Interlock Block Co.  
5283 Maple Lane  
Naples, FL 34113

October 10, 2002.

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation reinstatement

Document # P94000091491

To whom it may concern:

This letter is to request the cancellation of the reinstatement fee of \$600.00. The reason why the uniform business report wasn't returned in time was that it was sent to the old address on Airport Road. We are now located on Maple Lane. We never received the report and I just realized, going through our records, that we had not paid the \$150.00 fee this year. As per my telephone conversation with a person from your office earlier this month, I am sending you a check for \$150.00 with the reinstatement form. Please forward any other correspondence to the Maple Lane address.

Sorry for the inconvenience and thank you for your help in this matter.

Respectfully,



Serge Gascon  
Registered agent  
Tel. 239-775-8140  
Fax 239-774-9256

NOTICE: This document is a copy of a document filed with the Florida Department of State, Division of Corporations. It is not a legal document and should not be used as such. It is for informational purposes only. The information contained herein is not to be used for any other purpose. The information contained herein is not to be used for any other purpose. The information contained herein is not to be used for any other purpose.