

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 AUG 18 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **95000007197**

~~W97-18029~~

1. Corporation Name

Gulfstream Atlantic Construction, Inc.

Principal Place of Business

Mailing Address

**120 E. Oakland Park Blvd, #105
Ft. Lauderdale, Fl. 33334**

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

2. New Principal Office Address, If Applicable

120 E. Oakland Park Blvd

Suite, Apt. #, etc.

105

City & State

Ft. Lauderdale FL

Zip

33334

Country

U.S.A

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 22, 1995

5. FEI Number

65-0653357

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$d.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
President	Robb C. Imperato	973 S.W. 14th St	Boca Raton, Fl. 33486

500002272635--5
-08/20/97--01096--009
****915.00 ****915.00

REINSTATEMENT

96-97
8/18/97

8. Name and Address of Current Registered Agent

**Robb C. Imperato
973 S.W. 14th St.
Boca Raton, Fl. 33486**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Robb C. Imperato

REGISTERED AGENT MUST SIGN

Date **7/28/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Robb C. Imperato
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/97
Date

561-477-3835
Daytime Phone #

CR2E040 (12/96)