PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 31 AM 8:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000030903

REINSTATEMENT 07-04

1. Corporation Name
G & S BUILDING SUPPLY OF BOCA, INC.

2. Principal Office Address	3. Mailing Office Address
10036 EL CABALLO CT.	10036 EL CABALLO CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH, FL.	City & State: DELRAY BEACH, FL
Zip: 33446 Country: USA	Zip: 33446-2708 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 1995

5. FEI Number: 65-0578760 ☐ 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: ROBERT POLLACK

600031566546
03/31/04--01060--002 **150.00

Street Address (P.O. Box Number is Not Acceptable): 10036 EL CABALLO CT.

Suite, Apt. #, Etc.:

City: DELRAY BEACH State: FL Zip Code: 33446-2708

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: Pollack Date:
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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. (P) D	ROBERT POLLACK	10036 EL CABALLO CT.	DELRAY BEACH FL. 33446
SEC. & TREAS.	SUSAN C. POLLACK	10036 EL CABALLO CT	DELRAY BEACH, FL. 33446

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: Pollack - ROBERT POLLACK 3/25/04 561 498-9192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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G & S
BUILDING SUPPLY
"FOR ALL YOUR ROOFING NEEDS"

Boca Raton:
4726 N.W. 2nd Ave., Unit F-1
Boca Raton, Florida 33432
Phone: (561) 998-ROOF
Broward: (954) 570-7733
Fax: (561) 998-0039

North Miami:
5750 N.W. 32 Avenue

Mr. Robert Pollack
10036 El Caballo Ct.
Delray Beach, FL 33446-2708

South Miami:
850 S.W. 69 Avenue
Miami, Florida 33144
Dade: (305) 262-6627
Fax: (305) 262-6628

3/25/04

Florida Department of State
Division of Corporations

Dear Specialist,

This is my third reinstatement application for this company. Documents have been lost in the mail since your receipt of my first request in December, 2003 which you received with my check for $150.00.

In the hopes we can finally resolve this matter enclosed is another check for $150.00 for 2004. Please acknowledge receipt at the new corporate address.

Yours truly
Pollack