

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**

1. Corporation Name

G & S BUILDING SUPPLY OF BOCA, INC.

REINSTATEMENT 07-09

2. Principal Office Address

10036 EL CABALLO CT.

Suite, Apt. #, etc.

3. Mailing Office Address

10036 EL CABALLO CT.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

Zip

33446

Country

USA

City & State

DELRAY BEACH, FL.

Zip

33446-2708 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 ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT POLLACK

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

REGISTERED AGENT MUST SIGN

Date

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/04

Date

Daytime Phone #

561 998-9192

CR2081 (10/02)

G & S

BUILDING SUPPLY

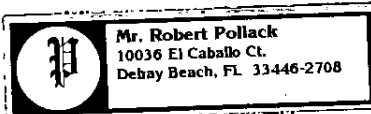
"FOR ALL YOUR ROOFING NEEDS"

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



3/25/04

South Miami:

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

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



CLARE INTERNATIONAL LTD, INC.