

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

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

FILED

98 NOV 20 PM 1:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026160

1. Corporation Name

G.S. COLEMAN CONSTRUCTION, INC.

Principal Place of Business

2000 NW 22ND CT.  
POMPANO BEACH FL 33069

Mailing Address

2000 NW 22ND CT.  
POMPANO BEACH FL 33069

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

03/24/1997

5. FEI Number

65-0747225

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
D	COLEMAN, GARY S	2000 NW 22ND CT.	POMPANO BEACH FL 33069

500002699555--0  
-12/01/98--01083--011  
\*\*\*\*150.00 \*\*\*\*150.00

B. 11/24/98 ARZ

8. Name and Address of Current Registered Agent

FILINGS, INC.  
3732 N.W. 16TH STREET  
FT. LAUDERDALE FL 33311-4132

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

*[Signature]*

**NOTICE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-12-98

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-98 (954)-960-1411  
Date Daytime Phone #

CR2ED40 (9/98)

November 12, 1998

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To Whom It May Concern,

Please be advised that I am in receipt of my corporation, G.S. Coleman Construction, Inc. has been dissolved.

Frankly, I do not recall getting any bill for this corporation. If I did, I would have promptly paid it .

We have been experiencing some problems with mail delivery in this area as it is an industrial area.

I apologize to you for any shortcomings on my part, however, I can honestly say I have never received a bill for this corporation, as this corporation has done \$ 0.00 dollar amount in business.

I hope you will find some compassion to accept my check for \$ 150.00 to reinstate this corporation as quickly as possible.

If you have any further questions, please do not hesitate to contact me.

Thank you kindly,

  
Gary S. Coleman  
President

**G.S.Coleman Construction, Inc.**

**2000 Northwest 22nd Court  
Pompano Beach, Florida 33069  
954.960.1411 Telephone  
954.960.1577 Faxmissle**