

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 22 PM 3:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

GP POLYUREA, INC.

998000030730

300016983533  
04/25/03--01001--016 \*\*1058.75

2. Principal Office Address

162 NW 100 TERRACE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

Zip

33071

Country

USA

Zip

Country

**REINSTATEMENT** 01-03

4. Date Incorporated or Qualified  
To Do Business in Florida

4/1/1998

5. FEI Number

65-0831603

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

PATRICK BIEDERMAN

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

162 NW 100 TERRACE

Suite, Apt. #, Etc.

City

CORAL SPRINGS,

State

FL

Zip Code

33071

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

*Patrick Biederman*

Date 4/2/03

REGISTERED AGENT MUST SIGN

**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	PATRICIA BIEDERMAN	162 NW 100 TERRACE	CORAL SPRINGS, FL 33071
VP	PATRICK BIEDERMAN	162 NW 100 TERRACE	CORAL SPRINGS, FL 33071
SEC	PATRICK TROWBRIDGE	1420 SW 1ST STREET	DEERFIELD BEACH, FL 33441

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

*Patrick Biederman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/03

Date

954-345-7185

Daytime Phone #

CR2E081 (10/02)

9/ 4/23