

Reinstatement

1. Entity Name
G.A.G. MAINTENANCE, CORP.

FILED
CLERK OF THE SUPREME COURT
DIVISION OF CORPORATION

01 DEC 10 PM 4:14

Mailing Address
1385 ELMBANK WAY
W. PALM BEACH FL 33411

3. Mailing Address
P O BOX 211946

Suite, Apt. #, etc.

City & State
Royal Palm Beach, FL

Zip 33411-1946	Country Palm Beach
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DO NOT WRITE IN THIS SPACE
DISTA REMENT
4. FBI Number 65-0923127

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name Juan Fepper

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

City	Royal Palm Beach	FL	Zip Code	33411
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Signature, typed or printed name of registered

(NOTE: Registered Agent signature required when reinstating)

10/30/2001

DATE _____

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200004726642--2
STREET ADDRESS	-12/14/01--01042--024
CITY-ST-ZIP	****750.00 ****750.00

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

10/30/2001 (561) 792-7882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #