

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT -6 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63832

1. Corporation Name
Bromatic Construction Florida, Inc.

Principal Place of Business Mailing Address
750 Lucerne Rd. 750 Lucerne Rd.
Suite 200 Suite 200
Montreal Quebec H3R 2H6 Montreal Quebec, Canada H3R 2H6

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9-11-92	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 650360938	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	Sol J. Polachek	800 Place Victoria, Suite	4120, Montreal, Quebec, Canada H4Z 1J2
D	Joseph Gutstadt	750 Lucerne Rd., Suite	100, Montreal, Quebec Canada H3R 2H6
			7000003455327--1 -11/07/00--01103--023 ***1050.00 ***1050.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name David Shear Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle Suite, Apt. #, Etc. 601 City Coral Gables State FL Zip Code 33134	

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 *David Shear* Date July 12, 2000
REGISTERED AGENT MUST SIGN

11. This corporation owes 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: *Sol J. Polachek* Date Sept. 25, 2000 Daytime Phone # (514) 875-6010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Sol J. Polachek