

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 24 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 76958

1. Corporation Name

G & A Maintenance, Inc.

2. Principal Office Address

5120 Biscayne Blvd.

Suite, Apt. #, etc.

City & State

Miami, FL 33137

Zip

33137

Country

3. Mailing Office Address

5120 Biscayne Blvd

Suite, Apt. #, etc.

City & State

Miami, FL 33137

Zip

33137

Country

REINSTATEMENT

96-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

April 12, 1988

5. FEI Number

65-0044807

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

Jocelyn Berman

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

5120 Biscayne Blvd

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

000003350370-7

-08/09/00--01015--014

***1350.00 ***1350.00

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

Jocelyn Berman Pres.
REGISTERED AGENT MUST SIGN

Date 7-01-00

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.	Berman, Jocelyn	3400 Chase Ave.	Miami Beach, FL 33140
			LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jocelyn Berman Pres.

7-01-00 305-151-2200