

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 MAR 29 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F14000004322

1. Corporation Name

Gaskets Rock International, Inc.

2. Principal Office Address - No P.O. Box #

504 Parkway View Drive
Suite, Apt. #, etc.

3. Mailing Office Address

504 Parkway View Drive
Suite, Apt. #, etc.

CR28081 (11/10)

City & State

Pittsburgh, PA
Zip Country

15205 United States

City & State

Pittsburgh, PA
Zip Country

15205 United States

4. Date Incorporated or Qualified
To Do Business In Florida

10/24/2014

5. FEI Number

472054762

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
Corporation Service Company

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

1201 Hays Street
Suite, Apt. #, etc.

City

Tallahassee

State

FL

Zip Code

32301

100282806331
03/25/16--01035--016 **158.75

100282806331
03/01/16--01008--021 **750.00

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

[Signature]

Paul Gottlieb
Vice President

REGISTERED AGENT MUST SIGN

Date 2/25/16

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
Asst. Dir.	Jim Cox	504 Parkway View Drive	Pittsburgh, PA 15205

REINSTATEMENT

2015 2016

10. E-mail Address: CHRIS BLADEN @ GASKETSROCK.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE:

[Signature]

PRESIDENT JAMES L COX

2/17/2016

412 787 2111

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date

Business Phone #

[Signature]