

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 DEC 17 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 529078

1. Corporation Name

G.N. Properties, Inc.

000188904590  
07/21/10--01027--007 \*\*750.00

000188904590  
12/21/10--01036--003 \*\*643.75

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

1805 Ponce de Leon Blvd / 1805 Ponce de Leon Blvd.

3. Mailing Office Address

1805 Ponce de Leon Blvd.

Suite, Apt. #, etc

Suite 500

Suite, Apt. #, etc

Suite 500

City & State

Coral Gables FL

City & State

Coral Gables FL

Zip

33134

Country

USA

Zip

33134

Country

USA

CR2E081 (6/10)

1000

4. Date Incorporated or Qualified  
To Do Business in Florida

3/21/1977

5. FEI Number

59-1779502

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

Manuel Ramirez

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

1805 Ponce de Leon Blvd.

Suite, Apt. #, Etc

Suite 500

City

Coral Gables

State

FL

Zip Code

33134

~~07/21/10 01027 007 \*\*750.00~~  
~~7001889528267~~

REINSTATEMENT 06-10

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

12/13/10

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
P	Luis J. Echarte	1805 Ponce de Leon Blvd # Suite # 500	Coral Gables FL 33134
T	Wendy Gantwarg	1805 Ponce de Leon Blvd Suite 500	Coral Gables FL 33134

10. E-mail Address: gnproperties@yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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.

SIGNATURE:

*[Handwritten Signature]*  
Wendy Gantwarg, Treasurer

12/13/10 501-252-9003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #