

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F98000004817**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Corporation Name  
**GRAN QUARTZ TRADING, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>1804 MONTREAL CT. SUITE A<br>TUCKER GA 30084 | Mailing Address<br>1804 MONTREAL CT. SUITE A<br>TUCKER GA 30084 |
|---|---|

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

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. New Principal Office Address, If Applicable<br><b>4963 S. Royal ATLANTA DR</b> |  | 3. New Mailing Office Address, If Applicable<br><b>P.O. Box 2206</b> |  | 4. Date Incorporated or Qualified To Do Business in Florida<br><b>08/24/1998</b>  |  |
| Suite, Apt. #, etc.<br><b>TUCKER, GA</b>  |  | Suite, Apt. #, etc.<br><b>TUCKER, GA</b>                             |  | 5. FEI Number<br><b>58-1113893</b>  |  |
| City & State  |  | City & State   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip<br><b>30084</b>   |  | Country<br><b>DEKALB</b>   |  | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b> |  |

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 | 4 City / State / Zip  |
|------------|-------------------------------------|--|---|
| PD         | DEKOK, PETER T                      | 1110 LONGWOOD TRACE                              | ATLANTA GA 30324  |
| D          | PETRI, HANS                         | 1110 LONGWOOD TRACE                              | ATLANTA GA 30324  |
| ST         | DURHAM, C.M.                        | 2390 INVERWOOD DR                                | ACWORTH GA 30101  |
|            |                                     |  | 100004698631--0<br>-11/29/01--01059--010<br>****750.00 ****750.00 |

8. Name and Address of Current Registered Agent

SCOPE, MARK  
2296 NW 30TH PLACE  
POMPANO BEACH FL 33069

9. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)  
**2280 NW 30TH PLACE**

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Mark Scope*  
REGISTERED AGENT MUST SIGN

Date

**10/25/2001**

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., 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:

*Mark Scope*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10/25/2001**

Daytime Phone #

**770-621-5221**

CR2E040 (B01)