

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED 99 10 12

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 FEB -4 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M92458

G2 ENTERPRISES, INC.

Principal Place of Business: C/O GEORGE SQUIRES, II, 5700 FOURTH AVENUE, KEY WEST FL 33040, US
Mailing Address: C/O GEORGE SQUIRES, II, 5700 FOURTH AVENUE, KEY WEST FL 33040, US



REINSTATEMENT 96

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: 08/03/1988; 5. FEI Number: 65-0076750; 6. CERTIFICATE OF STATUS DESIRED [] \$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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City & State. Includes entries for SQUIRES, GEORGE II; SQUIRES, PHYLLIS A.; DENKER, MITCHELL; DAVENPORT, WALTER; SQUIRES, EMILY.

8. Name and Address of Current Registered Agent

SQUIRES, GEORGE II
1513 SEMINARY STREET
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name: Squires, George II
Street Address (P.O. Box Number is Not Acceptable): 206 Venus Ln.
City: Key West, State: FL, Zip Code: 33040

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: [Signature] Date: 17 Sept 96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X]

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: [Signature] Date: 17 Sept 96 (305) 296-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: George R. Squires II

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

*for signatures
only*

DOCUMENT # M92458

1. Corporation Name
G2 ENTERPRISES, INC.

Principal Place of Business C/O GEORGE SQUIRES, II. 5700 FOURTH AVENUE KEY WEST FL 33040 US	Mailing Address C/O GEORGE SQUIRES, II. 5700 FOURTH AVENUE KEY WEST FL 33040 US
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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 08/03/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0076750	
City & State		City & State		Applied For <input type="checkbox"/> 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SQUIRES, GEORGE II	1618 SEMINARY ST. <i>206 Venus Ln</i>	KEY WEST FL
D	SQUIRES, PHYLLIS A.	1518 SEMINARY ST. <i>206 Venus Ln</i>	KEY WEST FL
D	DAVENPORT, WALTER	3700 GIBBY	KEY WEST FL
D	DENKER, MITCHELL	P.O. BOX 999 N/A	SUMMERFIELD FL 34492
D	DAVENPORT, WALTER	1111 WASTON #F	KEY WEST FL 33040
D	SQUIRES, EMILY	1513 SWIMINARY ST.	KEY WEST FL 33040

8. Name and Address of Current Registered Agent SQUIRES, GEORGE II. 1513 SEMINARY STREET KEY WEST FL 33040		9. Name and Address of New Registered Agent Name <i>Squires, George II</i> Street Address (P.O. Box Number is Not Acceptable) <i>206 Venus Ln.</i> Suite, Apt. #, Etc. City <i>Key West</i> State FL Zip Code 33040	
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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 *George R. Squires to George R. Squires* Date *17 Feb 97*
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 19.07(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: *George R. Squires to* Date *17 Feb 97*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George R. Squires to