

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -9 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000025952

1. Corporation Name

G Cubed, Inc

REINSTATEMENT 03-04

700037796947

06/09/04--01026--006 **300.00

2. Principal Office Address

155 Barefoot Cove

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Hypoluxo FL

City & State

Same

Zip

33462 Palm Beach

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

3/13/2001

5. FEI Number

651083922

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

Grégoire Gasparini

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

155 Barefoot Cove

Suite, Apt. #, etc.

City

Hypoluxo

State

FL

Zip Code

33462

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]

Date

5/5/04

REGISTERED AGENT MUST SIGN

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
<u>Pres</u>	<u>Grégoire Gasparini</u>	<u>155 Barefoot Cove</u> <u>Hypoluxo FL 33462</u>	<u>Hypoluxo FL</u> <u>33462</u>

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:

Grégoire Gasparini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/04 (561) 213-2579
Date Daytime Phone #