

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
97 DEC 31 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 561486
1. Corporation Name
GGL INDUSTRIES, INC.

Principal Place of Business Mailing Address
X

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

2. New Principal Office Address, If Applicable
340 NE 72 ST.
Suite, Apt. #, etc.
City & State
MIAMI FL
Zip
33138
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

REINSTATEMENT 96-97

4. Date Incorporated or Qualified To Do Business in Florida
5. FEI Number
59-186239
Applied For
Not Applicable
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	Benedict W. Harrington	24055B 129 AVE	PRINCETON FL 33032

200002391112--4
-01/06/98--01069--001
****915.00 ****915.00

8. Name and Address of Current Registered Agent
X

9. Name and Address of New Registered Agent
Name
Benedict W. Harrington
Street Address (P.O. Box Number is Not Acceptable)
240 N.E. 72 ST
Suite, Apt. #, Etc.
City
MIAMI FL
State
FL
Zip Code
33138

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: B.W. Harrington
REGISTERED AGENT MUST SIGN
Date: 12/22/97

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 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: Benedict W. Harrington B.W. Harrington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12/22/97
Daytime Phone #: 258-1667

C22E040 (1-2-96)