

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN -9 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000002841

1. Corporation Name

Gemmell Griffin & Dunbar, U.S.A., L.T.D., Inc.

2. Principal Office Address

625 North Flagler Drive

Suite, Apt. #, etc.

9th Floor

City & State

West Palm Beach

Zip

33401

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Florida

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/18/2004

5. FEI Number

52-2265458

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000063557210
01/12/08--01040--016 **750.00
CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Francis X.J. Lynch

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

625 North Flagler Drive

Suite, Apt. #, Etc.

9th Floor

City

West Palm Beach

State

FL

Zip Code

33401

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

Date 12/29/05

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
C/P/T/D	Michael R. Girffin	4255 North Lincoln Avenue	Chicago, IL 60618
D	Edward Ormende	The Willows, Horners Lane	Rostrevor, Northern Ireland
S	William R. Gray	2431 North Wallen Drive 11094 Oakway Circle	Palm Beach Gardens, FL 33410

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:

William R. Gray

12/29/05

561-822-0387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #