

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

G.G.M., INC.

FILED  
96 NOV -8 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9139 Taft Street  
Pembroke Pines, FL 33024

Mailing Address

Same

REINSTATEMENT 92-96

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2132154

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

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
P/D/T	JOSE M. GONZALEZ	1055 W. 31st Street	Hialeah, FL 33012
V/D/S	WALTER F. GOMEZ	17331 N.W. 12th Street	Pembroke Pines, FL 33029

8. Name and Address of Current Registered Agent

Walter F. Gomez  
17331 N.W. 12th Street  
Pembroke Pines, FL 33029

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002003957-7

11/14/96-01006-005

1183-56 2000-183-75

FL

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

*Walter F. Gomez*

REGISTERED AGENT MUST SIGN

Date 11/7/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

*Walter F. Gomez*

Walter F. Gomez, V/P

11/7/96

954-566-1559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

From: Willibert Kleiner  
President, GGM, INC.  
68 Westlee Lane  
Palm Coast, FL 32164

To: Walter F. Gomez  
Vice President, G.G.M., INC.  
9139 Taft Street  
Pembroke Pines, FL 33024

RE: Consent to Use and Release of Corporate Name

Dear Mr. Gomez:

P94-93228

At your request, this letter will serve to confirm that I am no longer using, nor do I wish to use, the corporate name GGM, INC., which I had used from December, 1994, until August, 1996. I understand that it has been dissolved by the Secretary of State and that you wish to use it to reinstate your corporation of the same name that had been dissolved before I filed to incorporate my corporation.

Therefore, I release to you the use of said corporate name and confirm that I have no further connection with it.

Should you or anyone else need anything further, please do not hesitate to contact me.

Very truly yours,

*Willibert Kleiner*

WILLIBERT KLEINER, President  
GGM, INC.

*Diane Strickland*  
Witness  
Diane Strickland  
Printed Name of Witness

*Elaine Pavlakovic*  
Witness  
Elaine Pavlakovic  
Printed Name of Witness

STATE OF FLORIDA )  
COUNTY OF VOLusia ) SS  
COUNTY OF BROWARD)

Subscribed and sworn to before me this 5 day of <sup>November</sup> October, 1996, by WILLIBERT KLEINER, who is personally known to me or has produced USA PASS as identification. Germany passport



ELAINE D. PAVLAKOVIC  
MY COMMISSION # CC 1190 EXPIRES  
September 11, 1997  
BONDED THROUGH TROY RICH INC., INC.

*Elaine Pavlakovic*  
NOTARY PUBLIC, State of Florida

SEAL