

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
REINSTATEMENT



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

APPROVED
AND
FILED

98 APR 16 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F62004

1. Corporation Name

GARY R GROSS CPA, PA

Principal Place of Business

Mailing Address

1 S.E. THIRD AVE
10TH FLOOR
MIAMI FL 33131

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

1982

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2154906

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES.	GARY R GROSS	ONE SE THIRD AVE, 10TH FL	MIAMI FL 33131

000002491660--3
-04/17/98--01012--003
****315.00 ****315.00

8/2 4/16

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARY R GROSS
ONE SE THIRD AVE
10TH FL.
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3/7/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY R GROSS

3/7/98
Date

(305) 377-4228
Daytime Phone #



CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS
A Partnership Including Professional Associations

Gary R. Gross, CPA/PFS
Director - Miami

April 6, 1998

**Sean Toner
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

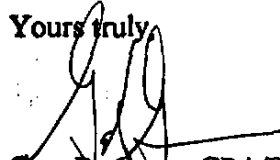
**Ref: Gary R. Gross, CPA, PA
I.D. No. 59-2154806**

Dear Sean:

In response to our telephone conversation today, I am resubmitting to your attention the application for reinstatement for the above named corporation along with the required check. As we discussed, this application was confused with another corporation I own of a similar name.

I appreciate your help in handling this matter and getting this corporation reinstated. Please let me know at your earliest convenience that this has been successfully done.

Yours truly,



Gary R. Gross, CPA/PFS

Enclosure

gry\ldeptofstatelet