

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

RECEIVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F 91109**

1. Corporation Name
G.G. Management, Inc.

2. Principal Office Address
7480 Porto Vecchio Pl.

3. Mailing Office Address
7480 Porto Vecchio Pl.

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
100

City & State
Delray Beach FL

City & State
Delray Beach FL

Zip Country
33446 U.S.A.

Zip Country
33446 U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida
7/19/1982

5. FEI Number
592224296

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **GERALD GERSHAW** **800006660838-3**
Street Address (P.O. Box Number is Not Acceptable) **7480 Porto Vecchio Pl.**
Suite, Apt. #, Etc. **100**
City **DELRAY BEACH** State **FL** Zip Code **33446**

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 **Gerald Gershaw** Date **7/13/02**
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
PV	GERALD GERSHAW	7480 Porto Vecchio Pl.	Delray Beach FL 33446
S	STUART CARLITZ	1375 Jersey Ave	N. BRUNSWICK FL 08902

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: **Gerald Gershaw - GERALD GERSHAW** Date **7/13/02** Daytime Phone # **561-638-6059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G. G. MANAGEMENT, inc.

7480 PORTO VECCHIO PLACE
DELRAY BEAACH, FLORIDA 33446

TEL: 561-638-6059
FAX: 561-638-6096

July 13, 2002

Department of State
Division of Corporations

Dear Reinstatement Person,

I am asking for reinstatement for the above corporation.

For most of 2001 and 2002 the writer, who is also the President of the corporation was ill, and changed addresses three times. Therefore, we never received any communication or filings from your office.

I would ask that since our company is very small, that the late fees are waived, and you reinstate the company. I am enclosing \$308.75 to cover the years 2001 and 2002, and for a certificate of status.

Thanking you for your cooperation,

Sincerely,



Gerald Gershaw
President

2002 JUL 13 10 00 AM
STATE OF FLORIDA