

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 13 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004857

1. Corporation Name

G2 MANAGEMENT CORPORATION

Principal Place of Business

Mailing Address

2215 VALRICO FOREST DRIVE  
VALRICO FL 33594

2215 VALRICO FOREST DRIVE  
VALRICO FL 33594

*[Handwritten Signature]*



REINSTATEMENT 2003

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

08/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

91-1902651

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	4 City / State / Zip
PCD	GRIFFIN, WAYNE	2215 VALRICO FOREST DRIVE	VALRICO FL

900023757659  
10/13/03--01081--018 \*\*758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIFFIN, WAYNE  
2215 VALRICO FOREST DRIVE  
VALRICO FL 33594

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, Etc. \_\_\_\_\_  
City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

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. or 617.0505, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date

10/8/03

11. 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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
Wayne GRIFFIN

Date

10/8/03

Daytime Phone #

813 685 9727

CFR2040 (7/03)