

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

W 05 0000 51137

**FILED**  
**Dec 28, 2005 8:00 A.M.**  
**Secretary of State**

DOCUMENT # F98000006821

**1. Corporation Name**

GHG Corp

**2. Principal Office Address**

1100 Hercules

Suite, Apt. #, etc.

290

City & State

Houston, TX

Zip

77058

Country

USA

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

12/14/98

**5. FEI Number**  
742024239

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 04-05  
10/21/05 01053 017 900.  
CR2F081 (8/05)

DEC 28 2005

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*Victor Alfano*

**Victor Alfano  
Assistant Secretary**

Date

11/9/05

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
Pres	Israel J. Galvan	1100 Hercules, Suite 290	Houston, TX 77058
Gen Mgr	John Denny	1100 Hercules, Suite 290	Houston, TX 77058
Dir of Ops	Suzanne Daly	1100 Hercules, Suite 290	Houston, TX 77058

**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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/9/05

Daytime Phone #

(281) 488 8806