

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 MAR 17 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 111001

1. Corporate Name

GLORIA CONSTRUCTION CORPORATION  
1100 ADAMS STREET  
HOBOKEN NJ 07030

Principal Place of Business

Mailing Address

1311 NW 22nd St  
Miami FL 33142

1100 Adams St  
Hoboken NJ 07030

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

8/20/84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2439872

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	LISS, GLORIA	1311 NW 22nd St	Miami FL
STD	STAMATIOU, DOROTHY C.	1311 NW 22nd St	Miami FL
VPD	CRASSAS, WILLIAM C.	1311 NW 22nd St	Miami FL

9000002117899-2  
-03/19/97--01059--017  
\*\*\*1410.00 \*\*\*1410.00

JB 3-17-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Michael Frangos  
1311 NW 22nd St  
Miami FL 33142

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.

Signature of  
Registered Agent

M. Frangos

REGISTERED AGENT MUST SIGN

Date

3/14/97

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 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: \*

Gloria Liss President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/97  
Date

212-344-4595  
Daytime Phone #

CR20040 (12/96)