

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

APPROVED AND FILED

99 OCT 19 AM 7:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **H46603**

1. Corporation Name

**GCS ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

31 UNIVERSITY BLVD N.  
 JACKSONVILLE FL 32211  
 US

31 UNIVERSITY BLVD N.  
 JACKSONVILLE FL 32211  
 US



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified To Do Business in Florida

03/12/1985

5. FEI Number

59-2507140

Applied For

Not Applicable

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
DP	SPANOPOULOS, CONSTANTINE	12240 CHIPPENHAM CT.	JACKSONVILLE FL
D	SPANOPOULOS, ELOISE	12240 CHIPPENHAM CT.	JACKSONVILLE FL
V	SPANOPOULOS, STEVE	12240 CHIPPENHAM CT.	JACKSONVILLE FL
S	SPANOPOULOS, CHRIS	14821 WADE ROAD	JACKSONVILLE FL
V	SPANOPOULOS, GREGORY	14821 WADE ROAD	JACKSONVILLE FL

900003027179--6  
 -10/27/99--01106--013  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SPANOPOULOS, ELOISE  
 31 UNIVERSITY BLVD N.  
 JACKSONVILLE FL 32211

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

10/14/99

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]* REGISTERED AGENT MUST SIGN  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/99 (904) 724-7660

CR22E140 (8/99)