

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 30 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # K27822

1. Corporation Name

G.C. Restaurant Corp.

2. Principal Office Address

4220 West Vine Street

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 352106

Suite, Apt. #, etc.

City & State

Kissimmee

City & State

Miami

Zip

34741

Country

Zip

33135

Country

4. Date Incorporated or Qualified
To Do Business in Florida

July 1988

5. FEI Number

59-2896047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

John C. Gevers

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

4220 w. Vine Street

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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

John C. Gevers
REGISTERED AGENT MUST SIGN

Date

4/21/03

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
P/O	John C. Gevers	4220 West Vine Street	Kissimmee, FL 34741
VP	Sherri Feinstein	290 NW 165 Street, Penthouse 4	Miami, FL 33169
S	Luisa O. Curiel	2790 NW 4 Street	Miami, FL 33125

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:

John C. Gevers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/03

Date

305-941-3711

Daytime Phone #

CR2E081 (10/02)

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