

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # K83537

1. Corporation Name

G. T. J. INVESTMENTS CORP.

Principal Place of Business

**% JERRY ALEVISATOS
541 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176-7755**

Mailing Address

**% JERRY ALEVISATOS
541 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176-7755**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/26/1989

5. FEI Number

59-2966526

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)

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
P	ALEVISATOS, JERRY	541 S. ATLANTIC AVENUE	ORMOND BEACH FL
VP	ALEVISATOS, GEORGE	541 S. ATLANTIC AVENUE	ORMOND BEACH FL
VP	ALEVISATOS, TOM	541 S. ATLANTIC AVENUE	ORMOND BEACH FL
S	ALEVISATOS, JERRY	541 S. ATLANTIC AVENUE	ORMOND BEACH FL

8. Name and Address of Current Registered Agent

**ALEVISATOS, JERRY
541 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32074**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, If Applicable)

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

REGISTERED AGENT MUST SIGN

Date **12/19/97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(l), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

98 JAN 26 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97-98

JB 1-27-98

CR20040 (8/97)