

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 PM 4:05

1. DOCUMENT # L02000024487

Name and Mailing Address

0015840 01 MB 0.309 \*\*AUTO TB 0 0615 30236-249544

GT ARCHITECTURE OF FLORIDA, LLC  
7544 SOUTHLAKE PARKWAY  
JONESBORO GA 30236-2495

900024550709  
11/10/03--01011--022 \*\*150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

7544 SOUTHLAKE PARKWAY  
JONESBORO GA 30236

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 09/19/2002

6. FEI Number

56-2293480

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PKWY, STE 300  
TAMPA FL 33637

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Mark Harkins*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN *President*

Date 10/29/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TAWFIK, GALIL	7544 SOUTHLAKE PARKWAY	JONESBORO GA 30236
MGRM	TAWFIK, GAMAL	7544 SOUTHLAKE PARKWAY	JONESBORO GA 30236

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

**SIGNATURE REQUIRED**

Date 10-22-03

Daytime Phone # 770-240-2106

Typed or printed name of signing Managing Member/Manager