

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 12 AM 9:34

DOCUMENT # L24395

1. Corporation Name

G.C.L. Holding Corp.

Principal Place of Business

Mailing Address

11770 SW 9th Court
Pembroke Pines, FL 33025

REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

11770 SW 9th Court

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

11770 SW 9th Court

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/19/89

5. FEI Number

65-0160810

Applied For

Not Applicable

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

Zip

33025

Country

USA

Zip

33025

Country

USA

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	GERTRUDE DEBROSSE - LAVALANET	11770 SW 9th Court Pembroke Pines, FL 33025	
			600003018636--9 -10/19/99--01067--011 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GERTRUDE DEBROSSE - LAVALANET
11770 SW 9th Court
Pembroke Pines, FL 33025

9. Name and Address of New Registered Agent

Name
GERTRUDE DEBROSSE - LAVALANET
Street Address (P.O. Box Number is Not Acceptable)
11770 SW 9th Court
Suite, Apt. #, Etc.

City
Pembroke Pines

State
FL

Zip Code
33025

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

Gertrude DeBrosse Lavalanet

REGISTERED AGENT MUST SIGN

Date 10-8-99

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:

Gertrude DeBrosse Lavalanet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-99-954-450-5390

Date

Daytime Phone #

CR2040 (12/96)