

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 19 PM 4:02

DOCUMENT # *M 26585*

1. Corporation Name

G + L Properties, Inc

2. Principal Office Address

401 E Hallandale blvd

3. Mailing Office Address

P.O. Box 728

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale FL

City & State

Hallandale, FL

Zip

33009

Country

US

Zip

33008

Country

US

REINSTATEMENT *99-01*

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/29/1986

5. FEI Number

65-0185534

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

Michael Cohen

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

3440 NE 165 ST

Suite, Apt. #, Etc.

City

N.M. Beach

State

FL

Zip Code

33160

600004447356-3

06/27/01 01041-011

****1050.00 ***1050.00*

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

Michael Cohen

REGISTERED AGENT MUST SIGN

Date

6/1/01

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
<i>P/D</i>	<i>Michael Cohen</i>	<i>3440 NE 165 ST</i>	<i>NM Beach FL 33160</i>

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:

Michael Cohen
Michael Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/1/01

Daytime Phone #

9544588293

CR2E081 (9/00)