

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000049294

1. Corporation Name

GARY FRANCOIS INC

Principal Place of Business

Mailing Address

2851 RODMAN STREET
HOLLYWOOD FL 33020

2851 RODMAN STREET
HOLLYWOOD FL 33020

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

2. New Principal Office Address, If Applicable

2816 CLEVELAND ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

BROWARD

3. New Mailing Office Address, If Applicable

2816 CLEVELAND ST

Suite, Apt. #, etc.

City & State

HOLLYWOOD FL

Zip

33020

Country

BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

05/15/2000

5. FEI Number

65-1020511

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P.A.T	FRANCOIS, GARY	2816 CLEVELAND ST	HOLLYWOOD, FL 33020

200004706462-9
-12/05/01--01057--038
****150.00 ****150.00

8P

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANCOIS, GARY
2851 RODMAN STREET
HOLLYWOOD FL 33020

Name

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

2816 CLEVELAND ST

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33020

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

11/6/01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/6/01 (994) 558-0295

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GARY FRANCOIS INC.
2816 CLEVELAND STREET
HOLLYWOOD, FLORIDA 33320

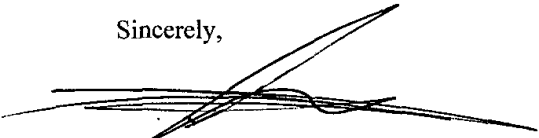
Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

November 6, 2001

Gentlemen:

When I originally filed my incorporation papers with the State of Florida I used my prior address as my business address. When I moved I filed a change of address with the post office in my area. I did not think anything was not handled until upon riding late last week through my old neighborhood my old postman handed me the application for reinstatement. I was shocked as I had not received any prior notices to file for my current annual report for the year 2001. I called your office today and was told to fill out the application for reinstatement and attach a letter letting you know I had not received any other notices. Please process my application for reinstatement and I have attached a check payable to Department of State in the amount of \$ 150. Thank you for your immediate attention to this matter.

Sincerely,



Gary Francois
President of Gary Francois Inc.