

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -5 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000074763**

1. Corporation Name **Florida G.R., Inc.**

2. Principal Office Address

7219 Glendyne Dr. S.
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip
32216

Country
DUVAL

3. Mailing Office Address

7219 GLENDYNE DR. S.
Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip
32216

Country
DUVAL

4. Date Incorporated or Qualified
To Do Business in Florida

8-2-2000

5. FEI Number

59-3444871

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

S. FELIX KORPAR, D.O.

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

3875 MISSION DR.

Suite, Apt. #, Etc.

#6

City

JACKSONVILLE

State

FL

Zip Code

32217

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

[Signature]

Date **4-14-03**

REGISTERED AGENT MUST SIGN

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
owner	Rusmir Gazic	7219 Glendyne Dr. S.	Jacksonville, FL 32216

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:

RUSMIR GAZIC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-03

Date

(904) 568-7104

Daytime Phone #

CR2E081 (10/02)