

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077041

1. Corporation Name

G2 Development, Inc.

LA

REINSTATEMENT 2003

700025462437
12/12/03--01019--022 **750.00

2. Principal Office Address

6301 Collins Avenue

3. Mailing Office Address

Same-

Suite, Apt. #, etc.

1408

Suite, Apt. #, etc.

City & State

Miami Beach

City & State

Zip

33141

Country

USA

Zip

Country

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

8/15/2000

5. FEI Number

65-1044268

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 O Weisz

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

9350 SOUTH DIXIE HIGHWAY

Suite, Apt. #, Etc.

SUITE 1500

City

MIAMI

State

FL

Zip Code

33156

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 O Weisz

REGISTERED AGENT MUST SIGN

Date

12/12/03

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
D	C Shane Rolls	6301 Collins Avenue, Suite 1408	Miami Beach, FL 33141

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:

Clifford Shane Rolls 12-8-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)