

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 12 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084834

1. Corporation Name

GARHAN PROPERTIES GROUP INC.

Principal Place of Business

3321 SAN JUAN ST.
TAMPA FL 33629

Mailing Address

3321 SAN JUAN ST.
TAMPA FL 33629

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2000

5. FEI Number

59-3678090

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CRESS, STEFFAN F	9318 FOREST HILLS DR.	TAMPA FL 33612
D	GRECO, KAREN C	3321 SAN JUAN ST.	TAMPA FL 33629

8. Name and Address of Current Registered Agent

KNOWLTON, HORACE A IV
442 WEST KENNEDY BLVD., STE. 280
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-6-02 (813) 832-1617

CR2ED40 (8/02)

GARHAN PROPERTIES GROUP, INC.

3321 W. San Juan Street
Tampa, Florida 33629
813-837-1617
SSCRESSN@AOL.COM

November 6, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

RE: Application for Reinstatement

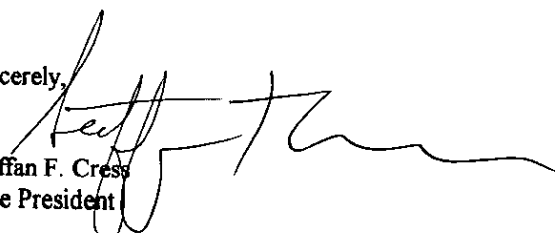
To whom it may concern,

Pursuant to the instructions of your examiner this date, this will serve as our statement of non-receipt of your form requesting changes to Garhan Properties Group, Inc corporate information. Due to this non-receipt, we respectfully seek your reinstatement of Garhan Properties Group, Inc as a valid Florida corporation as well as a waiver of the commensurate late fees totaling \$750.00.

Enclosed is our application for re-instatement with any and all requested changes documented on the face of the application.

Thank you for your willingness to reinstate the Garhan Properties Group, Inc to valid status and to waive the late fee. We have pledged ourselves to be more vigilant of future filings and look forward to a long-standing future as a good corporate citizen. If any questions arise, please don't hesitate to e-mail me at the above address.

Sincerely,


Steffan F. Cress
Vice President