

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P00000091896

1. Corporation Name

G ENTERPRISES, INC.

FILED

01 OCT 18 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

199 NORTH WEST 28 ST.
STE. 3
BOCA RATON FL 33431

199 NORTH WEST 28 ST.
STE. 3
BOCA RATON FL 33431

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/26/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For
Not Applicable

City & State

City & State

52-2044619

Zip

Country

Zip

Country

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Thomas M Priano	5030 Champion Blvd #132	Boca Raton FL 33496
			9000004659839--8 -10/30/01--01091--004 ****758.75 ****758.75
			78
		REINSTATEMENT	DI

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABUSCH, SIDNEY
1355 WEST PALMETTO PARK RD.
STE. 104
BOCA RATON FL 33486

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.

Signature of Registered Agent

Sidney Abusch
REGISTERED AGENT MUST SIGN

Date

10/15/01

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:

Thomas M Priano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

561-362-9009

CR2E040 (6/01)