

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 26 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101100

1. Entity Name
THRIFT SHOP G&C, INC.



Principal Place of Business
4742 FORE ST HILL BLVD
WEST PALM BEACH, FL 33415

Mailing Address
4742 FORE ST HILL BLVD
WEST PALM BEACH, FL 33415

REINSTATEMENT 08



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10252008 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number
65-1049001

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIZARRO, GLORIA
2935 ALABAMA ST
WEST PALM BEACH, FL 33406

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PIZARRO, GLORIA
STREET ADDRESS 2935 ALABAMA STREET
CITY-ST-ZIP WEST PALM BEACH, FL 33406

TITLE ☐ Change ☐ Addition
NAME 900137628119
STREET ADDRESS 11/04/08--01021--014 **8.75
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ARIAS, CARLOS
STREET ADDRESS CARRERA 84-B #15 A-16
CITY-ST-ZIP MEDELLIN COLOMBIA,

TITLE ☐ Change ☐ Addition
NAME 900137628119
STREET ADDRESS 11/26/08--01028--012 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

REINSTATEMENT 2008

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/08

Date

(561) 649-1515

Daytime Phone #