

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 26 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000023173

1. Corporation Name

GD'S MERCHANDISE, INC.

Principal Place of Business

6147 N.W. 27TH STREET  
MARGATE FL 33063

Mailing Address

6147 N.W. 27TH STREET  
MARGATE FL 33063

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

03/01/2001

5. FEI Number

65-1082242

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	RIVIERRE, GARRY	6147 N.W. 27TH STREET	MARGATE FL 33063

900009220719  
11/26/02 01030 015 \*\*150.00

8. Name and Address of Current Registered Agent

KREISS & GOLDBLOOM, L.L.P.  
ONE FINANCIAL PLAZA STE 1615  
FT LAUDERDALE FL 33394

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

CR2E040 (8/02)

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

11/04/02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/02

954/614-8018

Date

Daytime Phone #

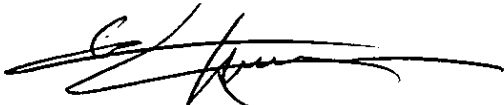
**November 4, 2002**

**GD's Merchandise Inc  
6147 NW 27<sup>th</sup> St  
Margate, FL 33063**

**To whom it may concern:**

**I recently received the annual report/uniform business report on November 2, 2002 that was supposed to be sent since January. Since then I haven't received anything else. I requested the penalty fee to be waived but in the meanwhile I'm sending the amount of \$150.00 for the annual report fee.**

**Sincerely,**

A handwritten signature in black ink, appearing to read 'Garry Riviere', with a long horizontal flourish extending to the right.

**Garry Riviere**

**CEO**