

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV -3 AM 10:31

DOCUMENT # P01 000049818

1. Corporation Name

The G-Holdings Corp.

2. Principal Office Address - No P.O. Box #

1640 NW 17 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33125

Country

U.S.A.

3. Mailing Office Address

8357 W. Flagler St.

Suite, Apt. #, etc.

128

City & State

Miami, FL

Zip

33144

Country

U.S.A.

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

65-1147387

5. FEI Number

☒ 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

J. L. Galleno

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

1640 NW 17 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33125

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 10/20/08

REGISTERED AGENT MUST SIGN

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
PD	Galleno, Luis	1640 NW 17 Avenue	Miami, FL 33125
		800137583158 11/08/08-01075-011 ***300.00	
		B. 11/5/08	12/12/06 01057
		REINSTATEMENT 076-08	002 / 50

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 contained in Chapter 119, 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

10/20/08

Date

305 904 1272

Daytime Phone #