# PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



#### FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P01000081767 DOCUMENT #

1. Corporation Name

GCSB ACQUISITION CORP.

Principal	Place of	Busir	less	

Mailing Address

1001 BRICKELL BAY DRIVE 30TH FLOOR MIAMI FL 33131

1001 BRICKELL BAY DRIVE 30TH FLOOR

WUYUUN 165 A 4 any way, line through incorrect information and enter correction below.

2. New Principal O	ffice Address, If Applicable	3. New Mailing	New Mailing Office Address, If Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc	с.					
City & State		City & State						
Zip	Country	Zip	Country					

FILED :04 MAY -4 7PH 2:55

REINSTATEMENT 02-

Date Incorporate	d or Qualified	
To Do Business	in Florida	08/20/2001

5. FEI Number Applied For Not Applicable

\$8.75 Additional Fee require

		,	- <b>r</b>		CERTIFICATE	OF STATUS DESIRED	for a Certificate of Status
7. Names a	and Street Ad	dresses of Each Officer and/o	r Director (Florida nonpro	fit corporations must list at leas	st 3 directors)		
Title(s)	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		4	State / Zip
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERICAN INFORATION SERVICES, INC. ONE SE THIRD AVENUE 28TH FLOOR MIAMI FL 33131

526 EAST PARK AVE.

4.

State 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.

Registered Agent

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.

## Form SS-4

(Rev. December 2001)»
Department of the Treasury
Internat Revenue Service

### **Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain Individuals, and others.)

► See separate instructions for each line.

► Keep a copy for your records.

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	OMB No. 1545-0003	

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