

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000081767

1. Corporation Name

GCSB ACQUISITION CORP.

FILED

04 MAY -4 7PH 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1001 BRICKELL BAY DRIVE 30TH FLOOR
MIAMI FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE 30TH FLOOR
MIAMI FL 33131

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

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/2001

5. FEI Number

☒ 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	Frank Zomerfeld	1001 Brickell Bay Dr 30th Fl	Miami FL 33131
D	TED FERNANDEZ	1001 BRICKELL BAY DRIVE 30th FL	MIAMI, FL 33131

500036273745
05/13/04--01067--017 **1050.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

NRAI SERVICES, INC.

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

526 EAST PARK AVE.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Ed Hand
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/29/04

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 REQUIRED
FRANK ZOMERFELD

Date

4/13/04 (305) 375-8005

Daytime Phone #

CR2E040 (8/02)

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.

EIN

OMB No. 1545-0003

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
GCSB ACQUISITION CORP.

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. Box)

1001 BRICKELL BAY DRIVE #3000

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state and ZIP code

MIAMI FL 33131

5b City, state, and ZIP code

6 County and state where principal business is located

MIAMI FL

7a Name of principal officer, general partner, grantor, owner, or trustor

TED FERNANDEZ-DIRECTOR

7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

☐ Sole proprietor (SSN)

☐ Partnership

☒ Corporation (enter form number to be filed) ▶ **1120**

☐ Personal service corp.

☐ Church or church-controlled organization

☐ Other nonprofit organization (specify) ▶

☐ Other (specify) ▶

☐ Estate (SSN of decedent)

☐ Plan administrator (SSN)

☐ Trust (SSN of grantor)

☐ National Guard

☐ Farmers' cooperative

☐ REMIC

Group Exemption Number (GEN) ▶

☐ State/local government

☐ Federal government/military

☐ Indian tribal governments/enterprises

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State

FL

Foreign country

9 Reason for applying (check only one box)

☒ Started new business (specify type) ▶ **HOLDING COMPANY**

☐ Hired employees (Check the box and see line 12.)

☐ Compliance with IRS withholding regulations

☐ Other (specify) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Created a trust (specify type) ▶

☐ Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year)

08/20/2001

11 Closing month of accounting year

DECEMBER

12 First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have employees during the period, enter "0-".

Agricultural

0

Household

0

Other

0

14 Check one box that best describes the principal activity of your business.

☐ Construction

☐ Rental & leasing

☐ Transportation & warehousing

☐ Real estate

☐ Manufacturing

☐ Finance & insurance

☐ Health care & social assistance

☐ Accommodation & food service

☒ Other (specify) **HOLDING COMPANY**

☐ Wholesale - agent/broker

☐ Wholesale - other

☐ Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

N/A

16a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No

Note: If "yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶

Trade name ▶

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

Previous EIN

Third
Party
Designee

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name

Designee's telephone number (include area code)

Address and ZIP code

Designee's fax number (include area code)

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶

Signature ▶

Date ▶

Applicant's telephone number (include area code)

305-375-8005

Applicant's fax number (include area code)

305-379-8810

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **SS-4** (Rev. 12-2001)