

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 MAY 19 AM 8:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088851

1. Corporation Name

G & G EAT IN & TAKE OUT RESTAURANT, INC.

Principal Place of Business

361 NW 27 AVE  
POMPAMO BEACH FL 33069

Mailing Address

361 NW 27 AVE  
POMPAMO BEACH FL 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/05/2001

5. FEI Number

65-1134042

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
PD	GALLIMORE, VINCENT	3155 NW 43 ST	LAUDERDALE LAKES FL 33309
VD	GARDNER, IAN	8161 NW 7 CT	NORTH LAUERDALE FL 33068

600014099566  
03/14/03--01101--003 \*\*150.00

600014099566  
05/19/03--01070--003 \*\*150.00

8. Name and Address of Current Registered Agent

GALLIMORE, VINCENT  
361 NW 27 AVE  
POMPAMO BEACH FL 33069

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

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

*Vincent Gallimore*  
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3 10 03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 10 03

Daytime Phone #

CR2E040 (8/02)

Division of Corporations  
Department of State  
P.O. Box 6327  
Tallahassee, FL 32314

March 2, 2003

RE: G. & G Eat In & Take Out Restaurant, Inc.  
P01000088851

To Whom It May Concern:

I am hereby requesting that the penalty incurred by the late filing of the above said corporation be waived because we had some problems with our mails and never received the renewal report.

Please also update your file with FEI Number 65-1134042

I am enclosing a check in the amount of \$150 to cover the filing fee. Thanks in advance for your kind consideration.

Sincerely yours,

  
Vincent Gallimore  
President