


2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 4:38

DOCUMENT # P02000017534					
1. Entity Name G-FORCE INC.					
Principal Place of Business 2936 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33426			Mailing Address 2936 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33426		
2. Principal Place of Business - No P.O. Box # 3816 ALADDIN AVE <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3816 ALADDIN AVE <small>Suite, Apt. #, etc.</small>			
City & State BOYNTON BEACH <small>Zip</small> 33436 <small>Country</small>		City & State BOYNTON BEACH <small>Zip</small> 33436 <small>Country</small>		4. FEI Number 02-0603327	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RIVERA-SPANN, MICHELLE 2936 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33426			7. Name and Address of New Registered Agent Name <u>RIVERA-SPANN, MICHELLE</u> Street Address (P.O. Box Number is Not Acceptable) 3816 ALADDIN AVE City <u>BOYNTON BEACH FL</u> <small>Zip Code</small> <u>33436</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Michelle R. Spann</u> 4/10/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RIVERA-SPANN, MICHELLE 2936 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RIVERA-SPANN, MICHELLE 3816 ALADDIN AVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPANN, GREGORY 2936 QUANTUM LAKES DRIVE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SPANN, GREGORY 3816 ALADDIN AVE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600128101926 05/01/08--01050--008 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michelle R. Spann</u> 4/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			561-254-2546 <small>Daytime Phone #</small>		