

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000022584

1. Corporation Name

GIANC INC.

Principal Place of Business

Mailing Address

685 LAKEMONT DRIVE
BRANDON FL 33510

685 LAKEMONT DRIVE
BRANDON FL 33510

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

02/27/2002

5. FEI Number

043610529

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	CHAW, LUIS	685 LAKEMONT DRIVE	BRANDON FL 33510

400024262334
10/29/03--01077--011 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHAW, LUIS
685 LAKEMONT DRIVE
BRANDON FL 33510

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 OCT 29 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03

CR2E040 (7/03)

Gianc Inc.
685 Lakemont Drive
Brandon, Florida 33510
October 23, 2003


Florida Department of State
Glenda E. Hood, Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Secretary of State,

Please accept the Application for Reinstatement for Gianc Inc., FEI 043610529, enclosed is a check for the reinstatement fee. The previous UBR's were never received by this office; therefore, this letter is being sent with my current application.

If you need more information, please feel free to call me at (813) 787-5023.

Thank you,


Luis Chaw,
President & Director