

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **02000096099**

1. Corporation Name

**G-2C International of
FLORIDA INC**

2. Principal Office Address - No P.O. Box #

2684 NW 31 Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Lauderdale Lake

City & State

FL

Zip

33311

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

MATTATIA COHEN

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

2684 NW 31st Ave

Suite, Apt. #, Etc.

City

Lauderdale Lake

State

FL

Zip Code

33311

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8/15/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	MATTATIA COHEN	4748 S. Ocean Blvd #804	Highland Beach 33487
V. Pres	JONATHAN COHEN	" "	" "
Office Manager	NATASHA ELIAS	11771 Royal Palm Blvd #804	Coconut Springs 33065

10. 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 contained in Chapter 119, 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

MATTATIA COHEN / Pres

Date

8/16/07

Daytime Phone #

954-486-8777

FILED

07 AUG 20 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**W/07000036482
07/24/07 OIDS2 045 4505:00
REINSTATEMENT 05-07**

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

28/23