

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1092

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000130454

1. Corporation Name

G-FORCE GROUP, INC.

W06000033105

2. Principal Office Address

4067 PALM PLACE

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33331

Country

3. Mailing Office Address

4067 PALM PLACE

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33331

Country

**REINSTATEMENT** 04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/12/2003

5. FEI Number

20-5209287

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ILEANA ABROE

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

4067 PALM PLACE

Suite, Apt. #, Etc.

City

WESTON, FL

State

FL

Zip Code

33331

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

*Ileana Abroe*

Date

7-19-06

REGISTERED AGENT MUST SIGN

**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
P	ILEANA ABROE	4067 PALM PLACE	WESTON, FL 33331
VP	GREGORY B ABROE	4067 PALM PLACE	WESTON, FL 33331
			700078764547 08/15/06--01024--015 **450.00

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:

*Ileana Abroe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7-19-06

Daytime Phone #

ZofZ

G-Force Group, Inc.  
4067 Palm Place  
Weston, Florida 33331

August 4, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

**Reinstatement**

Enclosed please find reinstatement papers for G-Force Group, Inc. We are enclosing a check in the amount of \$450, which included three years of Annual Report Fees and Corporate Supplemental Fees.

We respectfully request that the reinstatement fee be waived. Please note that we did not receive the annual report or notices for 2004, 2005 or 2006.

We thank you in advance for your attention to this matter.

Sincerely,



Ileana Abroe  
President