

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000132400

1. Entity Name
G & H INVESTMENT DEVL INC.



07 JUN -5 AM 11:14

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
20800 NE MIAMI COURT
MIAMI, FL 33179

Mailing Address
20800 NE MIAMI COURT
MIAMI, FL 33179

2. Principal Place of Business - No P.O. Box #
190 Ives Dairy Rd, 204
Suite, Apt. #, etc.
#204

3. Mailing Address
190 Ives Dairy Rd
Suite, Apt. #, etc.
#204



05312007 REIN-P CR2E098 (1/07)

City & State
MIAMI FL

City & State
MIAMI, FL

Zip
33179

Country
USA

Zip
33179

Country
USA

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARDY, WAYNE
20800 NE MIAMI COURT
MIAMI, FL 33179

7. Name and Address of New Registered Agent

Name Wesley Grant
Street Address (P.O. Box Number is Not Acceptable)
190 Ives Dairy Rd, #204
City MIAMI FL Zip Code 33179

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

REINSTATEMENT

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARDY, WAYNE
STREET ADDRESS 20800 NE MIAMI COURT
CITY-ST-ZIP MIAMI, FL 33179 ☒ Delete

TITLE VD
NAME GRANT, WESLEY
STREET ADDRESS 20800 NE MIAMI COURT
CITY-ST-ZIP MIAMI, FL 33179 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME David Telfer
STREET ADDRESS 190 Ives Dairy Rd, 204
CITY-ST-ZIP MIAMI, FL 33179 ☐ Change ☒ Addition

TITLE V
NAME LAVOR WILLIAMS
STREET ADDRESS 190 Ives Dairy Rd, 204
CITY-ST-ZIP MIAMI, FL 33179 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #