

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 MAR 10 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000031871

1. Corporation Name

G & G Transport inc

07-09  
**REINSTATEMENT**

500144518305  
02/26/09--01030--004 \*\*450.00

CR2ED81 (12/08)

2. Principal Office Address - No P.O. Box #  
1429 Lodge terrace

3. Mailing Office Address  
1429 Lodge terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Deltona, FL

City & State  
Deltona, FL

Zip  
32738

Country  
USA

Zip  
32738

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 03/2006

5. FEI Number  
20-4646373

☒ 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  
Geysi Ramirez

Street Address (P.O. Box Number is Not Acceptable)  
1429 Lodge terrace

Suite, Apt. #, Etc.

City  
Deltona

State Zip Code  
FL 32738

☒ 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.

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

*Geysi Ramirez*  
REGISTERED AGENT MUST SIGN

Date 2/23/09

**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	German De-La-Cruz	1429 Lodge Terrace	Deltona FL 32738
V	Geysi Ramirez	1429 Lodge Terrace	Deltona FL 32738

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:

*Geysi Ramirez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/09 907-2841261  
Date Daytime Phone #

OK - Per KB. to Civ. / similar name #P96 - 101345 *gfr*