


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000103101		
1. Entity Name G & G INVESTORS INC.		

**FILED**

08 NOV -7 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2101 SW 151 PL MIAMI, FL 33185	Mailing Address 2101 SW 151 PL MIAMI, FL 33185
--	--



2. Principal Place of Business - No P.O. Box # <b>3631 SW 17 ST.</b>	3. Mailing Address <b>3631 SW 17 ST.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10142008 REIN-P CR2E098 (1/07)

City & State <b>MIAMI FLORIDA</b>	City & State <b>MIAMI, FLORIDA</b>
Zip <b>33145</b>	Country <b>USA</b>
Zip <b>33145</b>	Country

4. FEI Number 74-3185990	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent	
GONZALEZ, GERARDO 2101 SW 151 PL MIAMI, FL 33185	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GONZALEZ, GERARDO 2101 SW 151 PL MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GONZALEZ, JANETTE 18310 TOMLINSON DRIVE LUTZ, FL 33549 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GONZALEZ, BORIS 2101 SW 151 PL MIAMI, FL 33185 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500137735985</b> <b>11/07/08--01008--024 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_

**GERARDO GONZALEZ President** 10/15/08 786-35-7925  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #