

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
11 DEC 28 PM 5:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P07000081613

1. Corporation Name  
GR Full Throttle, Inc.

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

3132 Fortune Way

Suite, Apt. #, etc.

D 4/5/6

City & State

Wellington, Florida

Zip

33414

Country

USA

3. Mailing Office Address

3132 Fortune Way

Suite, Apt. #, etc.

D 4/5/6

City & State

Wellington, Florida

Zip

33414

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 7/18/2007

5. FEI Number  
26-0554655

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$9.75 Additional Fee required  
for a Certificate of Status

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

Name

Richard Maroe

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

14066 Citrus Drive

Suite, Apt. #, Etc.

City

Loxahatchee

State

FL

Zip Code

33470

100215592071  
12/28/11--01039--005 \*\*758.75

100215592071  
12/28/11--01039--006 \*\*150.00

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

*Richard Maroe*

Date 12/15/11

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/D	Richard Maroe	14066 Citrus Drive	Loxahatchee, FL 33470
D	Marla Maroe	14066 Citrus Drive	Loxahatchee, FL 33470

**REINSTATEMENT**

2011-

10. E-mail Address: ltelles@telles-accounting.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

*Richard Maroe*

Richard Maroe

12/15/11 (561) 333-0240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #