

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JUL 19 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10000014272**

1. Corporation Name

G & N Development Group INC

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

2681 NE 9th CT
Suite, Apt. #, etc

3. Mailing Office Address

2681 NE 9th CT
Suite, Apt. #, etc

City & State

Pompano Beach, FL

Zip
33062

Country

Broward

City & State

Pompano Beach, FL

Zip
33062

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

2/16/10

5. FEI Number

010948594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Glenn Williams

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

2681 NE 9th CT

Suite, Apt. #, Etc

City

Pompano Beach

State

FL

Zip Code

33062

REINSTATEMENT 2013

300249957783

07/19/13--01032--001 **758.75

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/18/13

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
PST	Glenn Williams	2681 NE 9 th CT	Pompano Beach FL 33062

10. E-mail Address:

FLA Light House Electric@gmail.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Glenn Williams

Date

954-707-1085

Daytime Phone #