

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000009148**

1. Corporation Name

**G/R GROUP/GCG DEVELOPMENT INC.**

FILED

97 JAN 27 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~1515 S FED HWY  
STE 213  
BOCA RATON FL 33432  
US~~

~~1515 S. FEDERAL HWY.  
SUITE 213  
BOCA RATON FL 33432  
US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**2541 N.E. 48 COURT** **2541 N.E. 48 COURT**  
**LIGHTHOUSE PT, FL** **LIGHTHOUSE PT, FL**  
**33064 U.S.** **33064 U.S.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/08/1993**

5. FEI Number

**65-0437075**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
<del>DP</del>	<del>GUCCIONE, GREGORY</del>	<del>1515 S FED HWY STE 213</del>	<del>BOCA RATON FL</del>
P/D	GUCCIONE, GREG	2541 NE 48 COURT	LIGHTHOUSE POINT FL, 33064
V/D	RASCHDORF, RICHARD	2541 NE 48 COURT	LIGHTHOUSE POINT FL, 33064
			800002072068-8 -01/29/97-0033+007 ****915/005****015/00

**REINSTATEMENT** **96-97**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

	Name <b>RICHARD RASCHDORF</b> <b>2541 NE 48TH COURT</b> <b>LIGHTHOUSE POINT</b>
	Date <b>FL 33064</b>

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Richard Raschdorf*

REGISTERED AGENT MUST SIGN

Date

**1/20/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

*R. Raschdorf*  
**R. RASCHDORF**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/26/96** **(954)**  
**428-6758**

Date