PLEASE READ	ALL INSTRUCTIONS	S BEFORE C	OMPLETING	THIS FORM.	
	FLORIDA DEPARTME Serietary of DIV JON OF CORP	OF STATE			
DOCUMENT # P93000030589			97 OCT 27 PM 1= 51		
1. Corporation Name Great G.C. Operate		SECRETARY OF STATE TALLAHASSIE FLORIDA			
Principal Place of Business	Mailing Address		-		
1516-H111erest-Street 1516-H111erest Suite 306		Stree t	-		
O rlando; Florida 328 03	a 32803	9700			
If above addresses are incorrect in any way, line through incorrect information and enter a line of the principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 203 Lowcout R		If Applicable	Date Incorporated To Do Business in	n Clasida	27 1002
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite & Suite			5. FEI Number	April	27, 1993 Applied For
City & State MAITLAND FL 32751	City & State MAITLAND FL		59 ∸ 3184		Not Applicable
32751 Country USA	Zip _ Coun	SA	CERTIFICATE OF S		Additional Fee required a Certificate of Status
7. Names and Street Addresses of Each Officer and/officers and/or Directors	rations must list at lea treet Address of Each officer and/or Director Use Post Office Box N		City / State	-/ Zip	
D/P Douglas Dannen	erest Stree				
		OKOUT PLA	2751	0 rlando, Flo MAITCANO DD0233110/28/970 ****173.75	FL 32751
8. Name and Address of Current R Douglas Dannen	egistered Agent	Name	9. Name and Addre	ss of New Registered Age	ent
203 Lookout Place	Street Address (P	Name Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #. Etc.			
Suite B Maitland, F1 32751	Suite, Apt. #, Etc.				
10. I, being appointed the registered agent of the above	e named corporation, am familiar w	vith and accept the ob	ligations of Section 60	7.0505, F.S.	
Signature of Registered Agent REC	GISTERED AGENT MUST SIGN		Da	ate 10/24/	77
11. Does this corporation pay any intangible tax to the pept. of Revenue under S. 199.032, Florida Statutes. Yes No 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 filling 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: By: Douglas Dannen, President (407) 352-4775 SIGNATURE: Datime Phone #					
SIGNATURE AND TYPED OR PRIN	IEU NAME OF SIGNING OFFICER OR	DIMECTOR	[Date Daytim	ne Phone #

の一般の関係がある。 「「「「「「「「」」」」というでは、「「「」」」というでは、「「」」」というでは、「「」」」とは、「「」」」というでは、「「」」」というでは、「「」」」というでは、「「」」」というでは、「「」」というでは、「「」」というでは、「「」」というでは、「」」、「」」、「」」、「」」、「」」、「」」、「」」、「

1