

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State

DIVISION OF CORPORATIONS

104 000020037

FILED

04 JUN 21 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000020037

1. Corporation Name

GSC MANAGEMENT, INC.

2. Principal Office Address

10707-66 St. No.

Suite, Apt. #, etc.

Suite 9

City & State

Pinellas Park, FL

Zip

33782

Country

USA

3. Mailing Office Address

10707-66 St. No.

Suite, Apt. #, etc.

Suite 9

City & State

Pinellas Park, FL

Zip

33782

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03-11-1994

5. FEI Number

59-3234147

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Sam Zeoli, Jr.

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

10707-66 Street No.

Suite, Apt. #, Etc.

Suite 9

City

Pinellas Park

State

FL

Zip Code

33782

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

Date 05-28-2004

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	Gregory S. Clyde	10707-66 St. No. # 9	Pinellas Park, FL 33782
ST	Sam Zeoli, Jr.	10707-66 St. No. # 9	Pinellas Park, FL 33782

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-28-2004

Date

727-549-9889

Daytime Phone #

CR2ED81 (01/04)