PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JAN -4 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037772

1. Corporation Name
G Shore Development Corp.
W99000000S7

Principal Place of Business: 2047 Osprey La. Lutz, Florida 33349

Mailing Address: P.O. Box 538 Chappaqua N.Y. 10514

600002734746--1
-01/08/99--01068--013
***1058.75 ***1058.75

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

2. New Principal Office Address, If Applicable: p.o. Box 538
Suite, Apt. #, etc.:
City & State: Chappaqua N.Y.
Zip: 10514 Country: U.S.A.

3. New Mailing Office Address, If Applicable: PO Box 538
Suite, Apt. #, etc.:
City & State: Chappaqua N.Y.
Zip: 10514 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 5/19/1994

5. FEI Number: ~~Fed~~ 593-244-264 — 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
President	Eyal Rotem	~~p.o.Box 538~~ 182 Deerfield La. N.	Pleasantville, N.Y. 10570
Secretary Treasurer	Jacob Gavish	182 Deerfield La N. Pleasantville, NY 10570	Pleasantville N.Y. 10570
	STATEMENT		96-98
			1/4/99

8. Name and Address of Current Registered Agent
Louis Carbone
2000 N. Federal Highway
Delray Beach Fl. 33483

9. Name and Address of New Registered Agent
Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street, 2nd Floor
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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: Deborah D. Skipper as agent — Date: 12/30/98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: JACOB GAVISH — 12/30/1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (1/98)