PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

98 AUG -4 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000042027

1. Corporation Name
G & R ENTERPRISES OF SOUTH FLORIDA, INC.

REINSTATEMENT 97-98

Principal Place of Business	Mailing Address
8954 NW. 6TH CT. PLANTATION FL. 33324	8954 NW 6TH CT. PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1669 N. HIATUS RD	1669 N. HIATUS RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL	City & State: PEMBROKE PINES, FL
Zip: 33026 Country: USA	Zip: 33026 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 06/06/1994

5. FEI Number 65-0500989 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	GORN, CHARLES	375 FAIRWAY CIRCLE	WESTON FL 33326
V	ROSENTHAL, SCOTT	217 MALLARY COURT	FT. LAUDERDALE FL 3332[illegible]

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-08/05/98--01109--006
****900.00 ****900.00

8/4/98

8. Name and Address of Current Registered Agent

HANDIN, GARY I
4597 N. UNIVERSITY DR.
LAUDERHILL, FL 33351
US

9. Name and Address of New Registered Agent

Name: GORN, CHARLES
Street Address (P.O. Box Number is Not Acceptable): 375 FAIRWAY COURT
Suite, Apt. #, Etc.:
City: FT. LAUDERDALE State: FL Zip Code: 33324

CR2E040 (1/96)

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: Charles Gorn Date: 8/3/98
REGISTERED AGENT MUST SIGN

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: Charles Gorn CHARLES GORN 8/3/98 954 430-3097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #