

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 #

704000067181

1. Corporation Name GAK INCORPORATED

FILED
97 SEP 10 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10121 NW 7th Street
Plantation, FL 33324

Same

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/13/94

5. FEI Number

700002291617--8

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
D	KEUTHAN, GERALD	10121 NW 7th Street	Plantation, FL 33324
			700002291617--8
			-09/12/97--01067--010
			***1080.00 ***1080.00

8. Name and Address of Current Registered Agent

Wilson Wright
217 Adams Street
Tallahassee, FL 32301-1708

9. Name and Address of New Registered Agent

Name
JAMES W. MCDONALD, JR. ESQ.
Street Address (P.O. Box Number is Not Acceptable)
15600 SW 288 Street
Suite, Apt. #, Etc.
Suite 306
City
Homestead
State
FL
Zip Code
33033

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

Jim McDonald
REGISTERED AGENT MUST SIGN

Date 9/5/97

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

Gerald Keuthan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD KEUTHAN

SEPT. 8, 1997

954-472-8932