PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS ROPM FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** FILED Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 6 NOV 27 PM 1:39 DOCUMENT # P94000091890 1. Corporation Name SECRETARY OF STATE ALLAHASSEE, FLORIDA G.G.P. CONSTRUCTION COMPANY, INC. Principal Place of Business Malling Address TOGEL W HILLSBORD BLAYD SAME IN HATTEROUS BRAD DEERFIELD DENCH FL. 3342 DEERFIELD DEACH FL 33412 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 Date Incorporated or Qualified To Do Business in Florida 726 Havana Havanc 4 12/19/1994 Suite, Apt. #, etc 5. FEI Number Applied For City & State State 65-0559089 Not Applicable 6 CERTIFICATE OF STATUS DESIRED 48 78 P S Bch 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 一种化化量的结构的 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(s) City / State / Zip D VARSI, GIOVANNI DEERFELD BEACH FL 33442 3368 W HILLSBORO BLVD VP WETZSTEIN, STEVEN 726 HAVANA DRIVE **BOCA RATON FL** ST SAHADEO, VISHNY 213 NE. 30 CT POMPANO BCH FL 500002019175---12/04/96--01042--008 ****375,00 ×****375,00 8. Name and Address of Current Registered Agent 9. Name and Address of No VARSI, GIOVANNI O. Box Number is Not Acceptable): 3356-WLHILLSBORD BLVD Drive DEERFIELD BEACH FL 33442 Zip Code. 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 REQUIRED. Date REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Ly DOSA 在2020年20日 1900年1900年1 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 fill this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401; 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 37.0401; 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 eath.

NAME OF SIGNING OFFICER OR DIRECTOR