

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 # **P95000019450**

1. Corporation Name

**GSS SECURITY AND PROTECTIVE SERVICES OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

**%LARRY SIMPSON  
1102 N. GADSDEN ST.  
TALLAHASSEE FL 32303**

**%LARRY SIMPSON  
1102 N. GADSDEN ST.  
TALLAHASSEE FL 32303**

**FILED**

**98 AUG 11 PM 3:51**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**REINSTATEMENT**

**96-98  
AD**

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

**c/o GSS Security Services**

**c/o GSS Security Services**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**750 Eighth Ave., Suite 302**

**750 Eighth Ave., Suite 302**

City & State

City & State

**New York, New York**

**New York, New York**

Zip

Country

Zip

Country

**10036**

**USA**

**10036**

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

**03/09/1995**

5. FEI Number

☒

Applied For

**See attached**

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
<b>President</b>	<b>John Smaragdakis</b>	<b>152 Rick Way</b>	<b>Chester, New York 10918</b>
			<b>800002616368--5</b> <b>08/14/98--01053--021</b> <b>***1050.00 ***1050.00</b>
			<b>800002616368--5</b> <b>-08/14/98--01053--022</b> <b>*****8.75 *****8.75</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SIMPSON, LARRY D  
1102 N. GADSDEN ST.  
TALLAHASSEE FL 32303**

Name

**UCC FILING/SEARCH CO.**

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

**526 East Park Avenue**

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

*John Smaragdakis*

REGISTERED AGENT MUST SIGN

Date **8/4/98**

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: **(JOHN SMARAGDAKIS)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/4/98 (212) 764-5400**

Date

Daytime Phone #

CR2E040 (7/96)