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
98 MAR 20 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000059005

1. Corporation Name
G.G. & Trucking Inc.

Principal Place of Business
1405 S.E. 20 St.
Cape Coral, FL 33990

Mailing Address
1405 S.E 20 St
cape coral, FL
33990

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

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable
1405 SE 20 St N/A
Suite, Apt. #, etc.
City & State
Cape Coral, FL
Zip 33990 Country USA

3. New Mailing Address, If Applicable
N/A
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
Jul 31 95

5. FEI Number
65-0599816
☐ 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	Gelain Siriani	1405 SE 20 St	Cape Coral FL 33990
Secretary	Jesus A Siriani	1405 SE 20 St	Cape Coral Fl 33990
			3/20/98
			400002467074--3
			-03/24/98--01097--010
			****900.00 ****900.00

8. Name and Address of Current Registered Agent
Gelain Siriani
1405 SE 20 St
Cape Coral Fl 33990

9. Name and Address of New Registered Agent
Name: Gelain Siriani
Street Address (P.O. Box Number is Not Acceptable): 1405 SE 20 St
Suite, Apt. #, Etc.: C
City: Cape Coral State: FL Zip Code: 33990

CR2E040 (12/95)

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: Gelain S. Date: 3-19-98
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.