

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1997 JUN 10 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9500074425

1. Corporation Name

G. V. & T. REPRODUCTIONS, INC.

Principal Place of Business

Mailing Address

14812 NW 7th Avenue
Miami, FL 33168

14812 NW 7th Avenue
Miami, FL 33168

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

4. Date Incorporated or Qualified
To Do Business in Florida

9-25-95

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-160320807

Not Applicable

Zip

Country

Zip

Country

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 (If 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/P, Veronica S. Russell 11291 Rocking Horse Rd. Cooper City, FL 33026

600002208856--3

06/11/97-01078-031

***023.75 ***023.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Veronica S. Russell
11291 Rocking Horse Road
Cooper City, FL 33026

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

Veronica S. Russell

REGISTERED AGENT MUST SIGN

Date 6/9/97

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:

Veronica S. Russell

VERONICA S. RUSSELL 6/9/97

(305) 687-7742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CI/CE 0-00 (1/2/96)