

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

96 NOV 21 AM 8:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000078431**

1. Corporation Name
G-SQUARE, INC.

Principal Place of Business 1650 N.E. 28TH STREET FT. LAUDERDALE FL 33305	Mailing Address 1650 N.E. 28TH STREET FT. LAUDERDALE FL 33305
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REINSTATEMENT *96*

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

2. New Principal Office Address, if Applicable Suite, Apt. #, etc. <i>101</i> City & State Zip	3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. <i>101</i> City & State Zip
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4. Date Incorporated or Qualified To Do Business in Florida 10/10/1995	5. FEI Number <i>05-0614905</i>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			

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	MORADI, AHMAD	1650 N.E. 28TH ST. SUITE 101	FT. LAUDERDALE FL 33305
			700002014637--2
			-11/26/95-01112-028
			****378.00 ****378.00
			<i>B11-22-96</i>

8. Name and Address of Current Registered Agent GREENBERG, ALAINE S 345 W. OAKLAND PARK BLVD. FT. LAUDERDALE FL 33311	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 *Alaine S Greenberg* **REQUIRED** Date _____
 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 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)(f), 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: *Alaine S Greenberg* **REQUIRED** **9-23-96** **954-463-3211**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #