

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000097020

1. Entity Name  
GCA NOR-CAR, INC.



FILED  
08 DEC 18 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4208 N. 31 ST AVENUE  
#1  
HOLLYWOOD, FL 33021 US

Mailing Address  
4208 N. 31 ST AVENUE  
#1  
HOLLYWOOD, FL 33021 US

2. Principal Place of Business - No P.O. Box #  
1640 N. 69th Way  
Suite, Apt. #, etc.

3. Mailing Address  
1640 N. 69th Way  
Suite, Apt. #, etc.

City & State  
Hollywood FL

City & State  
Hollywood FL

Zip  
33024

Country

Zip  
33024

Country



12172008 REIN-P CR2E098 (1/07)

4. FEI Number  
65-0648988

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
DANIELS, NICHOLAS M  
ONE SE 3RD AVENUE  
SUITE 2400  
MIAMI, FL 33131

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

900139134979  
12/18/08--01031--008 \*\*158.75

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, NORMA <del>4208 N. 31 ST AVENUE #1</del> HOLLYWOOD, FL <del>33021</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, GREGORY R <del>4208 N. 31 ST AVENUE</del> HOLLYWOOD, FL <del>33021</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, CHRISTOPHER H <del>4208 N. 31 ST AVENUE</del> HOLLYWOOD, FL <del>33021</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRIER, AMY V <del>4208 N. 31 ST AVENUE</del> HOLLYWOOD, FL <del>33021</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1640 N. 69th Way Hollywood FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1640 N. 69th Way Hollywood FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1640 N. 69th Way Hollywood FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1640 N. 69th Way Hollywood FL 33024	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cecily R. Currier

12/18/08

(954) 985-1120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #