

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 # P96000027769

1. Corporation Name

GVG ENTERPRISES, INC.

Principal Place of Business

4117 BRIAR FOREST ROAD  
WEST JACKSONVILLE FL 32277

Mailing Address

4117 BRIAR FOREST ROAD  
WEST JACKSONVILLE FL 32277

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

2. New Principal Office Address, If Applicable

727 N. McDUFF AVE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

727 N. McDUFF AVE  
Suite, Apt. #, etc.

City & State

JACKSONVILLE FL  
Zip 32254 Country DUVAL

City & State

JACKSONVILLE FL  
Zip 32254 Country DUVAL

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1996

5. FEI Number

59-3372505

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
VTD	GALLON, GEORGE J	4117 BRIAR FOREST ROAD	WEST JACKSONVILLE FL 32277
PSD	GALLON, VERONICA R	4117 BRIAR FOREST ROAD	WEST JACKSONVILLE FL 32277

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALLON, GEORGE J  
4117 BRIAR FOREST ROAD  
WEST JACKSONVILLE FL 32277

Name

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

Suite, Apt. #, Etc.

City

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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

*George J. Gallon*

REGISTERED AGENT MUST SIGN

Date 1-26-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30. 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:

*George J. Gallon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

904 389-5013

Daytime Phone #

FILED

99 JAN 29 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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\*\*\*\*\*8.75 \*\*\*\*\*8.75

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