

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

99 JAN 29 PM 12:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P96000027769**

1. Corporation Name

GVG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**4117 BRIAR FOREST ROAD
 WEST JACKSONVILLE FL 32277**

**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

3. New Mailing Office Address, If Applicable

727 N. McDUFF AVE

727 N. McDUFF AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

JACKSONVILLE FL

Zip

Country

Zip

Country

32254 DUVAL

32254 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)

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
VTD	GALLON, GEORGE J	4117 BRIAR FOREST ROAD	WEST JACKSONVILLE FL 32277
PSD	GALLON, VERONICA R	4117 BRIAR FOREST ROAD	WEST JACKSONVILLE FL 32277

REINSTATEMENT

98-99 B2/1/99

500002765575--7
 -02/05/99--01019--009
 *****8.75 *****8.75

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)(j), 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

1-26-99 904 389-5013
 Date Daytime Phone #

CR2E040 (1998)