

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

08 OCT -6 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (10/08)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000078876

1. Corporation Name  
G & G OF Palm Coast, Inc.

2. Principal Office Address - No P.O. Box #  
1000 Palm Coast Pkwy  
Suite, Apt. #, etc.

3. Mailing Office Address  
2801 S. Nova Road  
Suite, Apt. #, etc.

City & State <u>Palm Coast, FL</u>		City & State <u>South Daytona, FL</u>	
Zip <u>32137</u>	Country <u>US</u>	Zip <u>32119</u>	Country <u>US</u>

4. Date Incorporated or Qualified To Do Business in Florida 9-23-1996

5. FEI Number 59-3402352 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Dale E. Martin

Street Address (P.O. Box Number is Not Acceptable)  
2801 S. Nova Road

Suite, Apt. #, Etc.

City South Daytona State FL Zip Code 32119

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Dale E. Martin Date 9/30/08  
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael G. Morris	6058 Red Stag Dr	Port Orange, FL 32128
VP	Dale E. Martin	2801 S. Nova Road	South Daytona, FL 32119

**RH**

**REINSTATEMENT**

500136660815  
10/06/08 01041 003 \*\*300.00

10. 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 contained in Chapter 119, 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: Dale E. Martin VP Date 9/30/08 Daytime Phone # 386-527-5778  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR