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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
02 APR 19 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000013755

1. Corporation Name

G. S. R. S. S. INC.

2. Principal Office Address

5637 Carder Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

5637 Carder Rd.

Suite, Apt. #, etc.

City & State

Orlando

Zip

32810

Country

USA

City & State

Orlando

Zip

32810

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/10/97

5. FEI Number

59-3426949

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

Rhett A. Gerzel

2000054828 2--2

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

6300 Bear Lake Ter.

05/08/02 01009-010

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

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

Rhett A. Gerzel

REGISTERED AGENT MUST SIGN

Date 3/19/02

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	Rhett A. Gerzel	6300 Bear Lake Ter.	Apopka, FL 32703
V	Stephen G. Jones	947 Welch Hill Cr.	Apopka, FL 32712

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 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:

Stephen G. Jones

Stephen G. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/02

Date

407-298-4985

Daytime Phone #

pg 2082

Tuesday, March 19, 2002

DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

To whom it may concern:

I'm writing this letter in reference to the corporation reinstatement form. I have talked to several people in your department and they advised me to write this letter and explain why I did not file my annual report.

I did not receive the report in the mail . All of my state and federal papers are kept in there own files and I can't find any forms that say anything about an annual report for the state of Florida. I'm asking you to waive the reinstatement fees. This could have been an honest mistake on either side. Futher more

I'm sending you a check for \$ 300.00 , \$ 150.00 for last year's report and \$ 150.00 for this years report.

I do not have this years annual report our I would send it with the check. I hope you will work with me on this matter . We are a small company trying to keep our heads above water

Sincerely,



RHETT GERZEL