

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
 JAN 28 AM 9:50
 STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000030256**

1. Corporation Name
G.C. INTERNATIONAL-USA, INC.

Principal Place of Business Mailing Address

~~11241 W. ATLANTIC BLVD.
 SUITE 203
 CORAL SPRINGS FL 33071~~

~~11241 W. ATLANTIC BLVD.
 SUITE 203
 CORAL SPRINGS FL 33071~~



REINSTATEMENT *08-99 1/28/99*

4. Date Incorporated or Qualified To Do Business in Florida **04/03/1997**

5. FEI Number **65-0746875**

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

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc. **11229 W. Atlantic Blvd. #106**
 City & State **CORAL SPRINGS, FL**
 Zip **33071** Country **U.S.A.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. **11229 W. Atlantic Blvd. #106**
 City & State **CORAL SPRINGS, FL**
 Zip **33071** Country **U.S.A.**

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
PD	RINCON, GUSTAVO A	11241 W. ATLANTIC BLVD. 11229 W ATLANTIC BLVD. #106	CORAL SPRINGS FL 33071
SVD	RINCON, MAX G	11241 W. ATLANTIC BLVD.	CORAL SPRINGS FL 33071
SVD	DE RINCON, CONSTANZA A	11241 W. ATLANTIC BLVD. 11229 W ATLANTIC BLVD. #106	CORAL SPRINGS FL 33071

9000002769639--3
 -02/09/99--01067--002
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

~~MAHON, TIMOTHY K
 2029 E. COMMERCIAL BLVD.
 PENTHOUSE E
 FT LAUDERDALE FL 33308~~

9. Name and Address of New Registered Agent

Name **GUSTAVO A. RINCON**
 Street Address (P.O. Box Number is Not Acceptable) **11229 W. ATLANTIC BLVD. #106**
 Suite, Apt. #, Etc. **106**
 City **CORAL SPRINGS** State **FL** Zip Code **33071**

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 *[Signature]* Date **1/28/99**

REGISTERED AGENT MUST SIGN

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: *[Signature]* **GUSTAVO A. RINCON**
 PRES. **1/28/99** (954) 7575742
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR21040 (9/98)