

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 # P97000030256

1. Corporation Name

G.C. INTERNATIONAL-USA, INC.

Principal Place of Business

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

Mailing Address

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

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:

Suite, Apt. #, etc.

~~11229 W. Atlantic Blvd.~~

~~CORAL SPRINGS #106~~

~~33071 U.S.A.~~

Suite, Apt. #, etc.

~~11229 W. Atlantic Blvd.~~

~~CORAL SPRINGS, FL #106~~

~~33071 U.S.A.~~

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

04/03/1997

5. FEI Number

65-0746875

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	2	3	4
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
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

9. Name and Address of New Registered Agent

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUSTAVO A. RINCON
 PRES.

1/28/99

(954)
 7575742

Daytime Phone #

CR2E040 (9/98)