PLEASE READ	ALL INSTRUCTIONS	BEFORE COMPLET		1 -t O	
APPLICATION FOR	sa dire s. Mort	· · · · · · · · · · · · · · · · · · ·	PROVED AND FILED	1062	
DOCUMENT # P97000033799			00 HAY -2" PH 2: 17		
1. Corporation Name			SECRETARY OF STATE		
GVT - SA FLORIDA, INC.		TALLAHA	TARY OF STATE ASSEE, FLORIDA		
ncipal Place of Business Mailing Address					
CONSTRUCTION LANE 1994 FL 33936 1995 LEHIGH FL 33936					
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		Applicable 4. Date Incor	Date Incorporated or Qualified     To Do Business in Florida		
40 3 Joan Aux	Suite, Apt. #, etc.	) C	U4/14/199/		
City & State	City & State		3577018 _	Applied For Not Applicable	
Letish Acres, F	Zip Country	6.	\$8.75	Additional Fee required a Certificate of Status	
7. Names and Street Addresses of Each Officer and	<u> </u>	<u> </u>		a certificate of otatus	
Name of Officers Street		eet Address of Each icer and/or Director Post Office Box Numbers)	h r City / State / Zip		
MUELLER, MONIKA P.O. BOX 687 N/		- I/A	LEHIGH FL 33970		
D MUELLER, KLAUS P P.O. BOX 687 N		NA .	LEHIGH FL 33970		
		<del>- 6</del>	00003241 -05/05/0001 ****450.00	1765 1080017 ****450.00	
			L	S	
			por or	Ment 195	
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name					
HEEKIN, JOHN C Street Address (P.0			athan Staut CPA.		
21202: OLEAN BLVD. 463			Ave &		
SUITE C-2  PORT CHARLOTTE FL 33952  City  State   Zip Code   FL   33971					
10. I, being appointed the registered agent of the above name of corporation, am familiar with and accept the bligations of Section 607.0505, F.S.					
Signature of Registered Agent SIG	FUR WOLE ASSISTANCE OF THE SECOND SEC	HRZA (M)	Date		
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 filling 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 pay signature shall have the same legal effect as if made under oath.					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

20/2

## J. NATHAN STOUT, CPA, PA

## CERTIFIED PUBLIC ACCOUNTANT

Member: American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

April 26, 2000

Leslie Sellers
Division of Corporations
Annual Report/Reinstatement Sec
P O Box 6327
Tallahassee, Fl. 32314-6327

Re: G-V-T-SA Florida, Inc.

FIEN: 59-3577018

Annual Report Filing 1998, 1999, 2000

Dear Leslie,

Please abate the failure to file timely penalty for period ending December 1998 and 1999. The company was unaware they needed to file a Annual Report. This company owns a rental house in the United States. They were using a rental agent to handle all correspondence and tax returns that needed to be filed with all government agencies. This agent, not being a CPA, was unaware that a corporation needed to file a Florida Annual Report. When the rental agent contacted us regarding filing Federal returns, we informed them they needed to file Florida Annual Report.

We are now handling all tax and filing requirements for this corporation. All reports for this corporation will be filed timely in the future. Please accept this as reasonable cause for abatement. Please call if you have any further questions. Thank you for your time and consideration.

Sincerely

📝. Nathan Stout, CPA

JNS/jah