

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 MAY 21 PM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97 0000 69216

1. Corporation Name

G. Allen, Inc.

2. Principal Office Address

7915 EAST DRIVE

Suite, Apt. #, etc.

2M

3. Mailing Office Address

7915 EAST DRIVE

Suite, Apt. #, etc.

2M

City & State

North Bay Village, FL

City & State

North Bay Village, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Aug. 11, 1997

5. FEI Number

65 07 68109

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

MAUREEN O'BRIEN

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

6423 COLLINS AVENUE

Suite, Apt. #, Etc.

604

City

MIAMI BEACH

State

FL

Zip Code

33141

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

May 18, 2004

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	GEORGE POWELL	7915 EAST DRIVE #2M	North Bay Village, FL 33141

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:

*George Powell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 18, 2004 305 345 7534

Date

Daytime Phone #

CR2E081 (10/02)

**Law Offices of Maureen O'Brien**  
**6423 Collins Avenue**  
**Miami Beach, Florida 33141**  
**Tel: 305 865 4800**  
**Temporary alternate fax: 305 866 21 31**  
**Paris office telephone: 33 1 44 07 33 11**  
**Paris office facsimile: 33 1 44 07 21 31**  
**Kyiv office tel/fax: 380 44 253 1201**

May 19, 2004

via pick-up

Empire Corporate Kit  
1 800 432 3028

**RE: G. ALLEN, INC.**

Ladies and gentlemen:

Following instructions from your office, enclosed please find the following for reinstatement of the above corporation:

1. Corporation Reinstatement - original and 2 copies;
2. Check number 661 dated May 18, 2004, payable to Florida Department of State in the amount of \$1,208.75 as the reinstatement fee, annual report fees and certificate of status; and
3. Money Order number 08-101446971 to Empire Corporate Kit for \$20 fee.

This will confirm that we will expect the confirmation of the reinstatement with the certificate of status within 2 to 3 business days. Thank you for your assistance.

Sincerely

  
MAUREEN O'BRIEN

MO'B/rsc  
enclosures  
a.jt-gp.eck.190504.doc

Charter Number Only

MAY 19, 2004

Maureen O'Brien

Requestor's Name

6423 COLLINS AVE. #604

Address

MIAMI BEACH, FL 33141

City

State

ZIP

Phone

(305) 865-4800

VALIDATION ONLY

CORPORATION(S) NAME

G. Allen, Inc.

PG76000069216

DIVISION OF CORPORATION

04 MAY 21 AM 10:32

RECEIVED



Empire Toll Free: 1-800-432-3028

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☒ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☒ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier