

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 9:04

DOCUMENT # **P97000094686**

1. Corporation Name

**GCLS ENTERPRISES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**000009201240**  
11/25/02--01052--016 \*\*150.00



Principal Place of Business

5840 NW 37TH AVE.  
COCONUT CREEK FL 33073

Mailing Address

5840 NW 37TH AVE.  
COCONUT CREEK FL 33073

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03/1997

5. FEI Number

65-0809454

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	COX, GARY	5840 NW 37TH AVE.	COCONUT CREEK FL 33073

8. Name and Address of Current Registered Agent

COX, GARY  
5840 NW 37TH AVE.  
COCONUT CREEK FL 33073

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

**SIGNATURE REQUIRED**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/02

Date

954 242 1540

Daytime Phone #

GCHS ENTERPRISES INC

Did NOT RECEIVE OUR UBR

NOTICES DUE TO A WRONG CHANGE  
OF ADDRESS AT THE POST OFFICE

IT HAS BEEN CORRECTED

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PRES GARY COX

*Gary Cox*

954 242 1540

5840 NW 37 AVE  
COCONUT CR. FL. 33073

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