

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 97 0000 96 710

1. Corporation Name

GCC CONSULTING CORPORATION

7000004785487--5
-01/22/02--01020--008
****300.00 ****300.00

01-02

2. Principal Office Address

1130 SAN PEDRO AVE

Suite, Apt. #, etc.

3. Mailing Office Address

1130 SAN PEDRO AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL

Zip

33156

Country

USA

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-97

5. FEI Number

65-0793628

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

GEORGE P. SPILLIS

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

1130 SAN PEDRO AVE.

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code
33156

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 01-09-02

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
PSD	GEORGE P. SPILLIS	1130 SAN PEDRO AVE	CORAL GABLES, FL. 33156
VPTD	SHARON A. SPILLIS	1130 SAN PEDRO AVE	CORAL GABLES, FL 33156

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:

[Signature]

GEORGE P. SPILLIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-09-02

Date

305-662-4061

Daytime Phone #

CR2E081 (9/01)

BB

January 10, 2002

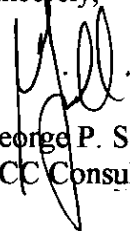
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom It May Concern:

We recently discovered that GCC Consulting Corporation was dissolved due to not filing the Annual Report. We respectfully request that the Department of State waive the reinstatement fee due to the fact that we did not receive any of the mailings for the Annual Report filings. We moved twice in the year 2001 and did not receive any notices from the Department of State. Our first move was February of 2001 and then again in October of 2001.

Enclosed please find the Corporation Reinstatement Form and a check for \$300.00, \$150.00 for 2001 and \$150.00 for 2002. If you have any questions, please call us at 305-662-4061 anytime or you can e-mail us at gspillis@aol.com. Thank you.

Sincerely,



George P. Spillis, Director
GCC Consulting Corporation