

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # P98000016454

1. Corporation Name
THE GANT GROUP, INC.

FILED
02 DEC 23 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
6601 ROSE STREET 6601 ROSE STREET
GROVELAND FL 34736 GROVELAND FL 34736



2002 UBR

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		4. Date Incorporated or Qualified To Do Business in Florida		02/19/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number		Applied For	
City & State		City & State		59-3493654		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
DPV	GANT, JAMES E	6601 ROSE STREET	GROVELAND FL 34736
DTS	GANT, SUSAN M	6601 ROSE STREET	GROVELAND FL 34736

400009634924
12/23/02--01051--005 **150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
GANT, JAMES E 6601 ROSE STREET GROVELAND FL 34736		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, Etc.			
		City	State	Zip Code	
		FL			

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 of Registered Agent James E Gant **SIGNATURE REQUIRED** Date 12/4/02
REGISTERED AGENT MUST SIGN

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: James E Gant **SIGNATURE REQUIRED** Date 12/4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/02)

2012



Assured Accounting Concepts, Inc.

*240 Mohawk Road
Clermont, Florida 34711
352-394-4048
Fax 352-394-3272*

*119 W. Lemon Street
Lady Lake, Florida 32159
352-753-1337
Fax 352-753-9336*

December 4, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: The Gant Group, Inc.
59-3493654

Dear Sir or Madam:

Please find enclosed the 2002 Uniform Business Report for the above referenced corporation. Also enclosed is check #1360 in the amount of \$150.00. We are respectively requesting that the penalty be waived. Mr. Gant suffered his second major heart attack this year. As a result, many business decisions/responsibilities Mr. Gant thought he had attended to in fact were not completed.

It is our hope that you waive this penalty, as it would cause a severe financial burden. Thank you for considering our request in this matter.

Very truly yours,

Peggy L. Abraham

PLA/mm

Encs.