

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
99 AR
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 20 PM 1:05

DOCUMENT # P98000048366

1. Corporation Name

G & R BUS, INC.

Principal Place of Business

9438 COMEAU STREET
GOTHA FL 34734

Mailing Address

9438 COMEAU STREET
GOTHA FL 34734

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

05/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3518917

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
NIEV	ES, GERMAN L	9438 COMEAU STREET	GOTHA FL 34734
			700003027177-2 -10/27/99--01073--024 *****8.75 *****8.75
			700003027177-2 -10/27/99--01073--025 ****175.00 ****175.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NIEVES, GERMAN L
9438 COMEAU STREET
GOTHA FL 34734

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/20/98

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/98 407-270-8914



P.O. Box 632
Gotha, FL 34734

**G & R
Bus Inc.**

Office: (407) 290-8914
Fax: (407) 290-6743

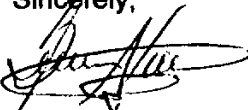
October 19, 1999

Florida Department Of State
Division Of Corporations
409 East Gaines St.
Tallahassee, FI 32399

Due to my ignorance and being new in business I was unaware of the yearly renewal of the corporation papers, and since I did not receive any documents in the mail (I am having trouble with our mail person). I find out through my accountant that I had to renew every year.

I called the Department of State Division Of Corporation, and they waived the \$600.00 fee for being late. I am enclosing a check for \$175.00 for the reinstatement application along with a check \$8.75 for a Certificate of Status.

Sincerely,



German Nieves