

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

00 OCT 23 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P98600048366**

1. Corporation Name **GFR Bus Inc.**

2. Principal Office Address
5827 Delia DR

3. Mailing Office Address
P.O. Box 632

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
GOTHA

Zip Country
32809 ORANGE

Zip Country
34734 ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida **5/27/98**

5. FEI Number **59-3518917**
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 **GERMAN Nieves** **200003441702-0**
Street Address (P.O. Box Number is Not Acceptable) **9438 Comcan ST.** **-10/27/00-01019-002**
Suite, Apt. #, Etc. ******758.75 ****758.75**
City **GOTHA** State **FL** Zip Code **34734**

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 **10/23/00**

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
President	GERMAN Nieves	9438 Comcan ST	GOTHA FL 34734

REINSTATEMENT **00 18**

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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/23/00** Daytime Phone # **407-286-9085**

CR2E081 (9/99)