

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P9800004156**

1. Corporation Name **G & S Enterprises AND
MANUFACTURES INC.**

Principal Place of Business
**605 NW 177 St
Apt 140
Miami FL 33169**

Mailing Address
**P.O. Box 530223
MIAMI SHORES FL 33153**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
N/A

3. New Mailing Office Address, If Applicable
N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business In Florida **July 21st, 1998**

5. FEI Number

650852638

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SA 7: A fee of \$100.00 is 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Emmanuela J. Bertrand	605 NW 177 St Apt 140	MIAMI FL 33169.
Secretary	Bellande Bertrand	605 NW 177 St Apt 140	MIAMI FL 33169
Treasurer	Emmanuela J. Bertrand	605 NW 177 St Apt 140	MIAMI FL 33169.
Director			700003060987--2 12/06/99--01011--020 *****750.00 *****750.00
			700003060987--2 12/06/99--01011--021 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

**Bellande Bertrand
605 NW 177 St Apt 140
MIAMI FL 33169**

9. Name and Address of New Registered Agent

Name **SAME - Bellande Bertrand**
Street Address (P.O. Box Number is Not Acceptable)
605 NW 177 St Apt 140
Suite, Apt. #, Etc. **Apt 140**
City **MIAMI** State **FL** Zip Code **33169**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent **Bellande Bertrand**
REGISTERED AGENT MUST SIGN

Date **11/12/99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

KE

12. 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: **Emmanuela Bertrand**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/12/99**
Daytime Phone #

CR2001 (12/98)