

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 16 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 998000064993

1. Corporation Name

G.C.P. Treasures, Inc.

871 16th Street NE

871 16th Street NE

2. Principal Office Address

871 16th Street NE

3. Mailing Office Address

871 16th Street NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34120

Country

USA

Zip

34120

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** July 23, 1998

5. FEI Number

65-087-1629

☒ 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

Gloria Perlowin

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

871 16th Street NE

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34120

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

Gloria Perlowin

Date 11-10-04

REGISTERED AGENT MUST SIGN

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
Pres.	Gloria Perlowin	871 16th Street NE	Naples, FL 34120

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:

Gloria Perlowin - Gloria Perlowin

11-10-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

G.C.P. Treasures, Inc.
871 16th Street NE
Naples, FL 34120

November 10, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement of Corporation

Dear Sir/Madam:

Attached please find Corporation Reinstatement form for G.C.P. Treasures, Inc. The company has moved twice since the filing of the last annual report for 1999 and as a result I have never received notification of the annual reports. Please update my records and reinstate the company as per the attached form. My company check in the amount of \$750.00, which represents the \$150.00 penalty fee for each year that the annual report hasn't been filed, is also attached.

Thank you for your prompt attention to this request.

Sincerely,



Gloria Perlowin

Enclosures