

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 JUN 13 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P98000107170

**1. Corporation Name**

G & C 900 CORPORATION

**2. Principal Office Address**

900 S.W. 2nd AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

**3. Mailing Office Address**

100 S. BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 1101

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

**REINSTATEMENT** *99-10*

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/28/98

**5. FEI Number**

65-6286588

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

PAUL M. COWAN

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

100 S. BISCAUNE BLVD

Suite, Apt. #, Etc.

SUITE 1101

City

MIAMI, FLORIDA

State

FL

Zip Code

33131

**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

*Paul M. Cowan*

REGISTERED AGENT MUST SIGN

Date

5/5/00

**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
PRES / SEC	PAUL M. COWAN	100 S. BISCAYNE BLVD STE 1101	MIAMI, FLORIDA 33131
V. PRES TREAS	EDWARD I. GOLDEN	100 S. BISCAYNE BLVD STE 1101	MIAMI, FLORIDA 33131

**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.**

**KE**

**SIGNATURE:**

*Paul M. Cowan*

PAUL M. COWAN PRESIDENT

04/26/00 305-358-4744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #