

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 APR 26 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99600011350

1. Corporation Name

G&S REAL ESTATE HOLDINGS, INC.

2. Principal Office Address

324 MAIN STREET

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip 34695

Country

3. Mailing Office Address

324 MAIN STREET

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip

34695

Country

REINSTATEMENT 2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida

2/4/99

5. FEI Number

59-3555056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GUS GIALELIS

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

324 MAIN STREET

Suite, Apt. #, Etc.

City

SAFETY HARBOR, FL

State

FL

Zip Code

34695

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

Gus Gialelis

REGISTERED AGENT MUST SIGN

vice president

Date 4-10-02

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	GUS GIALELIS	324 MAIN STREET	SAFETY HARBOR, FL

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:

Gus Gialelis GUS GIALELIS

4-1-02

(727) 572-7388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OR2E081 (9/01)

95 5/6/02