

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000035639

1. Corporation Name

GC Capital, Inc.

Mailing Address

Principal Place of Business

20 N. Orange Ave. Ste. 1400

20 N. Orange Ave. Ste. 1400

Orlando, FL 32801

Orlando, FL 32801

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

4/16/99

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3579446

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

6. 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
Pres.	Gene Chayevsky	20 N. Orange Ave. Ste. 1400	Orlando, FL 32801
			500004271785--5
			05/18/01 01090-021
			****900.00 ****900.00
			REINSTATEMENT 00-01 TR

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Florida Incorporators, Inc.

1221 Brickell Ave. Ste. 900

Miami, FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

I am hereby appointing the registered agent of the above named corporation, on terms I wish and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Mark Hankins

Mark Hankins, President

Date

5/1/01

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Gene Chayevsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Chayevsky,

5/1/01

Date

(917)293-3525

Daytime Phone #