

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -6 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044722

1. Corporation Name

G.S. SALES & MARKETING INC.

Principal Place of Business

Mailing Address

2560 SOUTHPOINTE DR.  
DUNEDIN FL 34698

2560 SOUTHPOINTE DR.  
DUNEDIN FL 34698



REINSTATEMENT

2000

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1751 MAPLE LEAF BLVD

1751 MAPLE LEAF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

OLDSMAR FL

Zip

34677

Country

PINELLAS

Zip

34677

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1999

5. FEI Number

59-3575840

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/D	GREG SARANTIS	1751 MAPLE LEAF BLVD	OLDSMAR FL 34677
			500003480895--1 11/30/00 01023 013 ***750.00 ***750.00
			LS

8. Name and Address of Current Registered Agent

BOLEK, RICHARD  
1992 BONNIE COURT  
DUNEDIN FL 34698

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Richard A. Bolek

REGISTERED AGENT MUST SIGN

Date

10/13/00

11. 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: GREG SARANTIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-00

Date

727-458-4986

Daytime Phone #

CR2E040 (8/00)