

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 11 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000012307390
02/11/03--01023--017 **300.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000048736

1. Corporation Name

GHS & Associates, Inc.

2. Principal Office Address

1847 Lakeshore Circle

3. Mailing Office Address

1847 Lakeshore Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, Florida

City & State

Longwood, Florida

Zip

32750

Country

USA

Zip

32750

Country

USA

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

May 28, 1999

5. FEI Number

593578177

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

Hala Stephan

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

1847 Lakeshore Circle

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32750

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

Hala Stephan

Date **02/03/03**

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
P/T	Gabi Stephan	1847 Lakeshore Circle	Longwood, Florida 32750
V	Sami M. Hereich	1847 Lakeshore Circle	Longwood, Florida 32750
S	Hala G. Stephan	1847 Lakeshore Circle	Longwood, Florida 32750

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)(f), 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:

Gabi Stephan

Gabi Stephan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/03/03

Date

407-402-1819

Daytime Phone #

CR25081 (10/02)

js 2/14



& Associates, Inc.

February 3, 2003

Department of State
Division of Corporation
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: Request for Corporation Reinstatement
GHS & Associates, Inc.
Document # P99000048736
FEI# 593578177

To whom it may concern:

Due to change of address of GHS & Associates, Inc., renewal notices were never received. We respectfully ask that you reinstate GHS & Associates, Inc. Attached are the required reinstatement form and a check for the amount of \$300.00 (\$150 for 2002 & \$150 for 2003).

Should you have any questions please contact me at (407) 402-1819

Respectfully submitted,


Gabi Stephan
President