

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061710

1. Corporation Name

G-FORCE TRANSPORTATION, INC.

Principal Place of Business

470 SE 15TH AVE  
POMPANO BEACH FL 33060

Mailing Address

470 SE 15TH AVE  
POMPANO BEACH FL 33060

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/06/1999

Suite, Apt. #, etc.

341 Chamberlain Dr

Suite, Apt. #, etc.

341 Chamberlain Dr.

City & State

WinterHaven FL

City & State

WinterHaven FL

Zip

33881

Country

PolK

Zip

33881

Country

PolK

5. FEI Number

65-0930274

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
D	GIUFFRIDA, STEPHEN D	<del>470 SE 15TH AVENUE</del>	<del>POMPANO BEACH FL 33060</del>
D	Giuffrida Stephen D	341 Chamberlain Dr.	WinterHaven FL 33881

8. Name and Address of Current Registered Agent

GIUFFRIDA, STEPHEN D  
470 SE 15TH AVE  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name

Giuffrida Stephen D.

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

341 Chamberlain Dr.

Suite, Apt. #, Etc.

City

WinterHaven

State

FL

Zip Code

33881

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. or 617.0505, F.S.

Signature of  
Registered Agent

Stephen D. Giuffrida **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/3/03

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:

Stephen D. Giuffrida **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03  
Date

954 818-1085  
Daytime Phone #

CR2E040 (7/03)

STEVE G.  
(954) 818-1085

Invoice # \_\_\_\_\_

## G-FORCE TRANSPORTATION, INC.

~~470 S.E. 15th Ave. • Pompano Beach, FL 33060~~  
100 Cubic Yard Transfer Trailer Service  
*341 CHAMBERLAIN DR. WINTER HAVEN FL 33881*

Billing Name \_\_\_\_\_

Address \_\_\_\_\_

DATE	TRUCK #	ARRIVED	DEPART
<i>3/11/03</i>			
LOADED AT	DESTINATION		

*FL. DEPT. STATE*

*I have not received the UBR Forms  
and would like to ReInstate G-FORCE TRANS-  
PORTATION INC. to active status. please note  
the Corporation new address {341 CHAMBERLAIN DR.  
(WINTER HAVEN FL 33881)}*

*Thank You*  
*Stephen D. Giuffrida*  
G-FORCE TRANSPORTATION INC  
Director

RECEIVED BY \_\_\_\_\_

DATE \_\_\_\_\_

**MAY THE FORCE BE WITH YOU**