

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

*Blafz*

00 OCT 18 AM 11:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000105648**

1. Corporation Name

**GH SERVICES, INC.**

Principal Place of Business

1212 E. 140TH AVENUE  
TAMPA FL 33613

Mailing Address

1212 E. 140TH AVENUE  
TAMPA FL 33613



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

12/03/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**582515323**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
D		MARTINEZ, GLORIA F		1212 E. 140TH AVENUE		TAMPA FL 33613
D		MARTINEZ, MAURICIO B		1212 E. 140TH AVENUE		TAMPA FL 33613

200003446622-5  
-11/01/00--01039--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

MARTINEZ, GLORIA F  
1212 E. 140TH AVENUE  
TAMPA FL 33613

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

*Gloria F. Martinez*  
REGISTERED AGENT MUST SIGN

Date **10-13-00**

CR2E040 (8/00)

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:

*Mauricio B. Martinez*  
MAURICIO B. MARTINEZ  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10-13-00**

813  
9710029  
Daytime Phone #

TO: FLA Dept OF STATE  
DIVISION OF CORPORATIONS

Per our conversation 10/13/00 1:PM about  
US NOT RECEIVING A PRIOR NOTIFICATION  
ON THE RE-NEWAL OF CORPORATION STATUS  
I WAS INSTRUCTED TO SEND BACK  
THE REVOCATION NOTICE ALONG WITH \$150<sup>00</sup>  
M.O.

FROM TIME TO TIME WE HAVE EXPERIENCE  
MAIL MISSING FROM OUR BOX AND WE ARE  
INCLINED TO THINK THIS MIGHT BE WHY WE  
NEVER GOT A RE-NEWAL.

Thank you

*Shirley F. Martinez*  
(813) 971-0029