

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S47362**

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1. Corporation Name

204
4BR

GFTCT, INCORPORATED

Principal Place of Business	Mailing Address
4980 N. UNIVERSITY DR. LAUDERHILL FL 33351	4980 N. UNIVERSITY DR. LAUDERHILL FL 33351



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/22/1991	
City & State		City & State		5. FEI Number	
Zip		Country		65-0262474	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonproft 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	4. City / State / Zip
P	FARONE, PHYLLIS	4602 QUEEN PALM LANE	TAMARAC FL 33319

700004704877--5
 -12/05/01--01001--009
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FARONE, PHYLLIS 4980 N. UNIVERSITY DR. LAUDERHILL FL 33351		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: *Phyllis Larone* Date: 10-31-01

REGISTERED AGENT MUST SIGN

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: *Phyllis Larone* Date: 10-31-01 Daytime Phone #: 954 742-3444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)

October 31, 2001

Division of Corporations
Annual Report
P.O. Box 6327

2012

Tallahassee, FL 32314-6327

Ref: FEI Number

65-0262474

Corp Name: GFTCT, INC.

We have been waiting for the
Renewal Annual Corporation Form, but
we did NOT receive any renewal form.
Instead, we were mailed an
application for Restatement of our
corporation.

We would have sent a check for the
renewal if we had received the proper
application with the due date.

Please forgive us for not getting
the proper notice in time.

We have herewith enclosed a check
for \$150.00 to cover the yearly
Renewal Fee.

Again, we beg your understanding.

GFTCT - Harlow AIR

954-742-3444

Phyllis Farone
Phyllis FARONE