

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S99894

1. Corporation Name

GCS INNOVATIONS, INCORPORATED

Principal Place of Business

121 W GREENTREE LN
SUITE 119
LAKE MARY FL 32746
US

Mailing Address

121 W GREENTREE LN
SUITE 119
LAKE MARY FL 32746
US

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

Suite, Apt. #, etc.

121 W. GREENTREE LN

City & State

LAKE MARY, FL 32746

Zip

32746

Country

USA

Suite, Apt. #, etc.

121 W. GREENTREE LN

City & State

LAKE MARY, FL 32746

Zip

32746

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/22/1991

5. FEI Number

59-3101530

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HARTMANN, JOHANNA	121 W GREENTREE LN	LAKE MARY FL
D	SANDERS, GREGORY C.	7610 NE JACKSONVILLE RD	ANTHONY FL

100002361321---8

-12/02/97--01092--004

*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARTMANN, JOHANNA
121 W GREENTREE
SUITE 119
LAKE MARY FL 32746

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

Johanna Hartmann
(REGISTERED AGENT MUST SIGN)

Date 11-21-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on Intangible tax.)

12. 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

Johanna Hartmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-21-97

Date

407
333-2091

Daytime Phone #

CR2E040 (8/97)