PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 20 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **581207**

1. Corporation Name

GISELA INC.

Principal Place of Business	Mailing Address
1456 WEST 29TH STREET HIALEAH FL 33012	5355 WEST 6 LANE HIALEAH FL 33012

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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business In Florida: 08/04/1978

5. FEI Number: 59-2168574 ☐ 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
P	MILLIAN, GISELA	5355 WEST 6 LANE	HIALEAH FL 33012
ST	MILLIAN, JUAN J	5355 WEST 6 LANE	HIALEAH FL 33012
			400003026964--7
			-10/27/99--01093--020
			****150.00 ****150.00
		TS	

8. Name and Address of Current Registered Agent

GONZALEZ, JESSE P
6260 N.W. 111 TERRACE
HIALEAH FL 33012-2355

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

CR2E040 (6/99)

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: Jesse P Gonzalez SIGNATURE REQUIRED — REGISTERED AGENT MUST SIGN

Date: 10-13-99

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: SIGNATURE REQUIRED — 10-13-99 — 305 823-2835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0022091 AF

October 13, 1999

To whom it may concern:

This letter is to inform you that we had not received a bill or overdue notice from your agency. This is the reason why this was not paid. I have since spoken to Stacey in the attempt to clarify this matter; along with this letter is the check in the amount of $150.00 as she requested for the reinstatement. Thank you kindly for all of your help.

Yours truly,