

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 AUG 13 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L30652

1. Corporation Name

GEMTCO, CORPORATION

Principal Place of Business

11811 S.W. 99 LANE  
MIAMI, FLORIDA 33186

Mailing Address

SAME

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11-20-89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-019-8732

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES	MOISES COHEN	13 CALLE 4-17 ZONA 1	GUATEMALA, GUATEMALA
TREAS.	MOISES COHEN	13 CALLE 4-17 ZONA 1	GUATEMALA, GUATEMALA
SEC.	ROBERTO COHEN	13 CALLE 4-17 ZONA 1	GUATEMALA, GUATEMALA
V.P.	EDUARDO COHEN	13 CALLE 4-17 ZONA 1	GUATEMALA, GUATEMALA

REINSTATEMENT

4597  
250  
8/13/97

8. Name and Address of Current Registered Agent

DANYS JACOBI  
11811 S.W. 99 LANE  
MIAMI, FLORIDA 33186

9. Name and Address of New Registered Agent

Name  
800002266780--7  
Street Address (P.O. Box Number is Not Applicable) 737--01047--001  
Suite, Apt. #, Etc. \*\*\*1088.75 \*\*\*1088.75  
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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 8/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: ROBERTO COHEN - SECRETARY

8-12-97 (305) 592-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dairing Phone

CP2E040 (12/95)