

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

*Page 1 of 2*  
**FILED**

DOCUMENT # **M40144**

96 SEP 23 AM 9:28

1. Corporation Name  
**GINO'S FLEA MARKET CORP.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
C/O JOSE R. HERRERA  
1655 N. MIAMI AVENUE  
MIAMI FL 33136-2016  
C/O JOSE R. HERRERA  
1655 N. MIAMI AVENUE  
MIAMI FL 33136-2016



If above addresses are incorrect in any way, line through incorrect information and enter correction below.  
2. New Principal Office Address, if Applicable  
**Jose R. Herrera**  
Suite, Apt. #, etc.  
**2435 N. Miami Avenue**  
City & State  
**Miami Fla**  
Zip Country  
**33137 USA**

3. New Mailing Office Address, if Applicable  
**Jose R. Herrera**  
Suite, Apt. #, etc.  
**2435 N. Miami Avenue**  
City & State  
**Miami Fla**  
Zip Country  
**33137 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**10/16/1986**

5. FEI Number  
**59-2804035**  
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	2	3	4
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
PD	HERRERA, JOSE R.	1655 N. MIAMI AVE	MIAMI FL
			60001973646--5 -10/15/96--01051--004 ****225.00 ****225.00
			<i>file as A/R MWB 10-9-96</i>

8. Name and Address of Current Registered Agent  
**HERRERA, JOSE R.**  
**1655 N. MIAMI AVENUE**  
**MIAMI FL 33132**

9. Name and Address of New Registered Agent  
Name  
**HERRERA JOSE R.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2435 North Miami Avenue**  
Suite, Apt. #, Etc.  
City  
**Miami**  
State  
**FL**  
Zip Code  
**33137**

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 **9/19/96**

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 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)(l), 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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **9/19/96** Daytime Phone #

CR2040 (7/96)