PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT 16 PM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069276

1. Corporation Name
GIP. C.I., INC

2. Principal Office Address
12973 SW 112th ST
Suite, Apt. #, etc.
334
City & State
Miami, Fla
Zip 33131 Country USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida 7-20-00

5. FEI Number 65-102 5992 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
GABY MCHEILEH

Street Address (P.O. Box Number is Not Acceptable)
12973 SW 112th St

Suite, Apt. #, Etc.
334

City
Miami

State FL Zip Code 3313/

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****750.00 ****750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent X
REGISTERED AGENT MUST SIGN

Date 10-01-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRE.	GABY MCHEILEH	12973 SW 112TH ST #334	MIAMI, FLA 33131
TREAS.	GABY MCHEILEH	12973 SW 112th ST #334	MIAMI, FL 33131
SECRET.	GABY MCHEILEH	12973 SW 112th ST #334	MIAMI, FL 33131

REINSTATEMENT 01

10. 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GABY MCHEILEH 10-01-01
Date Daytime Phone #