

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

APPLICATION FOR REINSTATEMENT



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

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 02 JAN -7 PM 1:44

DOCUMENT # P00000077815

1. Corporation Name

GAMAVI CORPORATION

Principal Place of Business

Mailing Address

16844 SW 81 CT
 MIAMI FL 33157

16844 SW 81 CT
 MIAMI FL 33157



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

2. New Principal Office Address, If Applicable

2330 Salzedo Street

Suite, Apt. #, etc.

City & State
Coral Gables, FL

Zip
33134

Country
Dade

3. New Mailing Office Address, If Applicable

2330 SALZEDO ST.

Suite, Apt. #, etc.

City & State
CORAL GABLES

Zip
33134

Country
MIAMI-DADE

4. Date Incorporated or Qualified To Do Business in Florida

08/11/2000

5. FEI Number

65-1039321

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	4 City / State / Zip
PD	GARCIA, GILBERTO	16844 SW 81 CT	MIAMI FL 33157
TD	PENAGOS, MARIA V	16844 SW 81 CT	MIAMI FL 33157
SD	DE LA TORRE, MERCY	16844 SW 81 CT	MIAMI FL 33157
			700004777907--2 -01/16/02--01043--007 ***150.00 ***150.00
			700004777907--2 -01/16/02--01043--008 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

DE LA TORRE, MERCY
 16844 SW 81 CT
 MIAMI FL 33157

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 _____

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

Date

REGISTERED AGENT MUST SIGN

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/01)

Miami, November 26, 2001

Department of State
Corporate Division
P.O. Box 6327
Tallahassee, Fl. 32314

Ref: GAMAVI CORPORATION

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Gentlemen:

We have received a notice of dissooution of our Corpora-
tion and it came as a surprise to us because we always take care
of all our fees and taxes. We can truly affirm you that we never
received the necessary form to pay said fees, and therefore we beg
you do not proceed with suck dissolution.

Enclosed, please, find a check for \$150.00 in payment of our
corporate fee of year 2001. We hope you accept it, and settle this
matter.

Very truly yours,


GAMAVI CORPORATION

Gilberto Garcia
President.