

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 AM 11:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P02000055071**

1. Corporation Name

GAICER DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

5403 JET VIEW CIRCLE
TAMPA FL 33634

5403 JET VIEW CIRCLE
TAMPA FL 33634

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| P | CEREZO, GARBIEL A | 3402 W. CASS ST. | TAMPA FL 33609 |
| V | CEREZO, ISABEL J | 3402 W. CASS ST. | TAMPA FL 33609 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TESTA, PHILIP J SR
4728-B N. LOIS AVE.
TAMPA FL 33614

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

Daytime Phone #

CR2E040 (7/03)

REINSTATEMENT 03



900023781169
10/14/03--01018--016 **150.00

P.J.T.

P. J. TESTA - ACCOUNTANT

P. O. BOX 4562
TAMPA, FLORIDA 33677

OCTOBER 9TH 2003

STATE OF FLORIDA
DIVISION OF CORPORATION
ANNUAL REPORT / REINSTATEMENT SECTION
P. O. BOX 6327
TAMPA, FLORIDA 32314-6327

RE: GAICER DISTRIBUTORS, INC.

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT THE TAXPAYER STATED ABOVE DID NOT RECEIVE THE ANNUAL REPORT FOR RENEWAL WHEN THE TAX WAS DUE.

AFTER SPEAKING TO ONE OF YOUR AGENTS WE WERE INSTRUCTED TO SEND THE ENCLOSED FORM ALONG WITH A CHECK IN THE AMOUNT OF \$150.00 TO REESTABLISH THE CORPORATION TO AN ACTIVE STATUS.

ENCLOSED PLEASE FIND OUR CHECK IN THAT AMOUNT AND OUR APPRECIATION FOR A PROMPT RESPONSE.

SINCERELY,



P. J. TESTA
ACCOUNTANT