PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 JUL -2 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500249442955
07/02/13--01021--006 **1050.00

CR2E081 (11/10)

DOCUMENT # P09000067931

1. Corporation Name

G & Y SERVICES INC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1541 SW 153TH PATH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI			
Zip	Country	Zip	Country
FL	US	33194	US

4. Date Incorporated or Qualified To Do Business in Florida
08/12/2009

5. FEI Number
270730221
☐ 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
AMOEDO, YAMIRA

Street Address (P.O. Box Number is Not Acceptable)
1541 SW 153TH PATH

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI	FL	33194

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* _____ Date 06/20/2013

REGISTERED AGENT MUST SIGN

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
P	AMOEDO, YAMIRA	1541 SW 153TH PATH	MIAMI FL 33194

REINSTATEMENT 11-13

JUL 09 2013

T. SCOTT

10. **E-mail Address:** yamira35@hotmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ 6/20/13 786-712-8960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #