

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



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

FILED

01 SEP 17 PM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000004435

1. Corporation Name

GIOFAB, INC.

2. Principal Office Address

520 Brickell Key Drive

3. Mailing Office Address

Suite, Apt. #, etc.

0-305

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33131

Country

United States

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1/14/98

5. FEI Number

65-0831444

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

Stephen A. Freeman

Street Address (P.O. Box Number is Not Acceptable)

520 Brickell Key Drive

000004603270-2

-09/20/01--01078-012

Suite, Apt. #, Etc.

Suite 0-305

\*\*\*\*450.00 \*\*\*\*450.00

City

Miami

State

FL

Zip Code

33131

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

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 / S	Paulo Luis Fabbri	520 Brickell Key Drive, #0-305	Miami, FL 33131

99-014BR

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)(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:

Paulo Luis Fabbri

5/22/01

305 374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

page 2 of 2

**GIOFAB, INC.**

# Memo

**To:** Tyrone Scott  
Division of Corporations

**From:** Paulo Luis Fabbri

**CC:** Stephen A. Freeman

**Date:** 8/22/01

**Re:** Reinstatement of GIOFAB, INC.

Enclosed is the Corporation Reinstatement form for GIOFAB, Inc. (Document Number P98000004435) and a check in the amount of \$450.00 made payable to Department of State, Division of Corporations for payment of the filing fee. I kindly request that you waive the penalty charges of \$600.00, since I did not receive the 1999 notices. As you are aware, the U.S. Postal Service returned such notices to the Division of Corporations.

Thank you in advance for your assistance in this matter.



F:\DATA\WP7\CLNTE-H\FABBR1\giofab\Memo re giogab-div. of corp.doc