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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#	P99000057308

1. Corporation Name

CASA EDITORIAL GES, INC.

Principal Place of Business

Mailing Address

10521 N. KENDALL DRIVE MIAMI FL 33176

10521 N. KENDALL DRIVE MIAMI FL 33176

FILED

00 DEC -5 AM 11: 28

SECRETARY OF STATE TALLAHASSEE FLORIDA

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f above addresses are incorrect in any way,	line through incorrect	t information and ente	r correction below
, above addressed are incorrect in any way,			CONTOCUENT BOILD

above addresses are incorrect in any way, line thro	ough incorrect information ar	nd enter correction below.	- COLLAG LACE MILITA	
New Principal Office Address, Il Applicable OFE I Worth Kindall Or	3. New Mailing Office Ad Ve 0 8 4 Suite, Apt. #, ptc.	dress If Applicable	4. Date incorporated or Qualified 7/ 10 Do Business in Florida	06/24/1999
SU/Te D-202	Suite D	202	5. FEI Number	Applied For
ty & State ,	City & State M. / AM / /	FL	650929583	Not Applicable
3176 Country USA	Zip 33176	Country	CERTIFICATE OF STATUS DESIRE	\$8.75 Additional Fee require for a Certificate of Status
Names and Street Addresses of Each Officer and/o	or Director (Florida nonprof	t corporations must list at lea	est 3 directors)	

Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director	City / State / Zip
D	MARTINEZ, GABRIEL	11990 S.W. 92ND LANE	MIAMI FL 33186
D	MARTINEZ, SILVANA	11990 S.W. 92ND LANE	MIAMI FL 33186
·			6000035103168
			12/21/88 01086 022 ****750.00 ****750.00
· · · · · · · · · · · · · · · · · · ·			
	8 Name and Address of Current Register	prod Agent 0 No.	on and Address of New Pasistered Agent

Name

MARTINEZ, GABRIEL 10521 N. KENDALL DRIVE **MIAMI FL 33176**

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

Suite, Apt. #, Etc.

City

State Zip Code

registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed

REDISTERED 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR