

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SEP 19 99 11:05
TAMPA FLORIDA

DOCUMENT # **P95000042697**

1. Corporation Name
GYPSY'S STOP, INC.

Principal Place of Business Mailing Address

**5985 W. 25th CT.
#105
HIALEAH, FL 33016**

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

REINSTATEMENT 96-99

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc. **7312 SW 117th AVE.**
City & State **MIAMI, FL**
Zip **33183** Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **5-25-95**

5. FEI Number **65-0590383** 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	OMAR OTAOLA	7312 SW 117th AVE.	MIAMI, FL 33183
			000002969140--9 -08/25/99--01004--004 ***1000.00 ***1000.00
			000002969140--9 -08/25/99--01004--005 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

**VLADIMIR LEYVA
5985 W. 25th Ct. #105
HIALEAH, FL 33016**

9. Name and Address of New Registered Agent

Name **OMAR OTAOLA**
Street Address (P.O. Box Number is Not Acceptable)
7312 SW 117th AVE.
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33183**

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 *O. Otaola* REGISTERED AGENT MUST SIGN Date **Aug 4, 99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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.

PREPARED BY: **OMAR OTAOLA 7312 SW 117th AVE., MIAMI, FL 33183**

SIGNATURE: *O. Otaola* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-270-8881 Daytime Phone #

CS2E040 (1/98)