

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H38964

1. Corporation Name

GETOZE IMPORT & EXPORT INC.

2. Principal Office Address

4995 NW 79th Avenue

Suite, Apt. #, etc.

121

City & State

Miami Florida

Zip

33166

Country

USA

3. Mailing Office Address

4995 NW 79th Avenue

Suite, Apt. #, etc.

121

City & State

Miami Florida

Zip

33166

Country

USA

REINSTATEMENT 94-02

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-07/10/02--01065--008

***1958.75 ***1958.75

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1985

5. FEI Number

592531098

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

Donald J. Kahn

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

317 Seventy-First Street

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33141

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

REGISTERED AGENT MUST SIGN

Date

6/12/02

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	GIEOWAR SINGH	9164 SW 70th Terrace	Miami Fl 33173
S	ARYIAN SINGH	9164 SW 70th Terrace	Miami Fl 33173
V	TONY GIEOWAR-SINGH	2127 SW 151 Avenue	Pembroke Pines FL 33027

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gieowar Singh May 31st 02

305-596-1213