

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 24 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000039873**

1. Corporation Name

GAYATEX INC

2. Principal Office Address

7795 W. FLAGLER ST.

Suite, Apt. #, etc.

28

City & State

MIAMI, FL

Zip

33144

Country

DADE

3. Mailing Office Address

7795 W. FLAGLER ST.

Suite, Apt. #, etc.

28

City & State

MIAMI, FL

Zip

33144

Country

DADE

REINSTATEMENT 03-04

MRB

4. Date Incorporated or Qualified
To Do Business in Florida

05/08/1996

5. FEI Number

65-0677407

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

HULUSI W. GURBUZ

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

15635 S.W. 61ST TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

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: **8/19/04**

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
D	IRFAN ARAS	97 Pleasant Hill Road	Chester, NJ 07930
D	SERDAR AYBERK	825 West End Ave 7D	New York, NY 10025

500040687015
08/31/04--01032--003 **900.00

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: **8/19/04**

Daytime Phone #