

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 22 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 372 850

1. Corporation Name

C.G.M.D.A. Western Hemisphere, Inc

2. Principal Office Address

8140 NW 74 Avenue

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

City & State

Medley, Florida

City & State

Zip

33166

Country

USA

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-1308177

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300023826813
10/15/03--01063--024 **450.00

7. Name and Address of Current Registered Agent

Name

Hernandez, Gilberto L.

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

6610 Miami Lakeway South

Suite, Apt. #, Etc.

City

Miami Lakes

State
FL

Zip Code
33014

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

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	Hernandez, Gilberto L.	6610 Miami Lakeway S	Miami Lakes, FL 33014
VP	Hernandez, Henry G.	6475 SW 27 Street	Miami, FL 33155
S	Hernandez, Maria T.	6610 Miami Lakeway S	Miami Lakes, FL 33014
T	Hernandez, Harry G.	1060 NW 128 Ct.	Miami, FL 33182

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:

H. G. Hernandez

HENRY G. HERNANDEZ

9/4/03

305-635-7578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



C. G. M. D. A.

Western Hemisphere, Inc.

8140 N.W. 74 AVE, SUITE #4
MEDLEY, FL 33166

P.O. BOX 660827
MIAMI SPRINGS, FLORIDA 33166-0827

PHONE: (305) 635-7578 FAX: (305) 635-8761

E-MAIL: cgmda@gate.net

September 4, 2003

Department of State
Division of Corporation
409 East Gaines St.
Tallahassee, FL 32399

Dear Sirs:

Recently it has been brought to our attention that our corporation was not active. Upon this find we contacted your department and we were told that we were in active for some time. By deduction we realize that this had happen ever since we moved in late 2000 and we never received the renewal at our new location and had not realize that we had gone inactive.

Attach please find our reinstatement form along with a check for the amount of \$450.00 which was the instruction that were given to use.

If we may be of any further help please let us know at the numbers above.

Thank you in advance for your assistance.

Sincerely,
C. G. M. D. A. Western Hemisphere, Inc.

Henry G. Hernandez
Vice President