

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 674598

1. Corporation Name

Gazelle Investment Corp.

2. Principal Office Address - No P.O. Box #

KR 58 79-121

Suite, Apt. #, etc.

City & State

Barranquilla

Zip

Country

Colombia

3. Mailing Office Address

KR 58 79-121

Suite, Apt. #, etc.

City & State

Barranquilla

Zip

Country

Colombia

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

6/23/80

5. FEI Number

59-2627101

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

Patricia Diaz

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

1810 S.W. 183 Terr.

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33029

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

7/10/07

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
PD	Jose A. Tamayo	KR 58 79-121	Barranquilla, Colombia
V	Cielo L. Tamayo	KR 58 79-121	Barranquilla, Colombia
TS	Lucy C. Tamayo	KR 58 79-121	Barranquilla, Colombia

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 contained in Chapter 119, 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:

Cielo L. Tamayo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/9/07

Daytime Phone #

07 JUL 13 AM 11:11

TALLAHASSEE, FLORIDA

REINSTATEMENT

03-07

6/27/07 01054 007-925.00
CR2E081 (1/07)

\$785.00