

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

01 NOV -9 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **831498**

1. Corporation Name

**GELCO INTERNACIONAL, S.A.**

Principal Place of Business

Mailing Address

8850 NW 20TH ST  
MIAMI FL 33172  
US

P O BOX 520668  
MIAMI FL 33152  
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/21/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2708411

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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	4 City / State / Zip
P	GELFMAN, DANIEL E.	9401 S.W. 54 CT	MIAMI FL
ST	PARR, ALAN M	14405 SW 69 CT.	MIAMI FL

200004698632--7

-11/29/01--01058--018

\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GELFMAN, DANIEL E.  
8850 NW 20TH ST  
MIAMI FL 33172

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/05/01

11. 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/05/01

Date

(365) 526 5601

Daytime Phone #

CR2040 (8/01)