

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 APR 26 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 853188

1. Corporation Name

GWENDOLIN FINANCE, S.A.

Principal Place of Business

C/O CASTRO & RAMIREZ, P.A.
1200 BRICKELL AVENUE, SUITE 1440
MIAMI FL 33131

Mailing Address

C/O CASTRO & RAMIREZ, P.A.
1200 BRICKELL AVENUE, SUITE 1440
MIAMI FL 33131



600005493106--2

-05/09/02--01003--014

****300.00 ****300.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/14/1982

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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
PD	PEREZ PLANCHART, TULIO	1200 BRICKELL AVE. #1440	MIAMI FL 33131
VD	SERRANO DE PEREZ, ANTONIETA	1200 BRICKELL AVE. #1440	MIAMI FL 33131
SD	CASTRO, CARLOS ALBERTO	1200 BRICKELL AVE. #1440	MIAMI FL 33131

8. Name and Address of Current Registered Agent

CASTRO, CARLOS ALBERTO
C/O CASTRO & RAMIREZ, P.A.
1200 BRICKELL AVENUE, SUITE 1440
MIAMI FL 33131

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

CARLOS ALBERTO CASTRO

Date

4-24-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARLOS ALBERTO CASTRO

Date

4-24-02

Daytime Phone #

CR2040 (8/01)

CASTRO & RAMIREZ P.A.

ATTORNEYS AT LAW

1200 BRICKELL AVENUE

SUITE 1440

MIAMI, FLORIDA 33131

TELEPHONE (305) 372-2800

FAX (305) 372-9632

April 24, 2002

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Re: GWENDOLIN FINANCE, S.A.

Gentlemen:

I am enclosing herewith Application for Reinstatement of GWENDOLIN FINANCE, S.A. together with our Trust Account check in the sum of \$300.00

I respectfully request that you kindly consider waiving the Reinstatement Fee for this corporation. This corporation has been in existence since June 1982 and our client wishes to maintain same. Apparently due to an oversight the 2001 Business Report was not filed by our client. Either it was lost in the mails or misplaced and never sent in. It was not our client's intention to allow this corporation to be dissolved.

Please review this matter and let us know if you will agree to waive the Reinstatement Fee.

Thank you for your kind consideration to the above matter.

Respectfully yours,

CASTRO & RAMIREZ, P.A.


Carlos Alberto Castro