

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DEPARTMENT OF BANKING AND FINANCE
BANKING AND FINANCE
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 28 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F46623**

1. Corporation Name

GAMPEL ORGANIZATION, INC.

Principal Place of Business

**19495 Biscayne Blvd.
Suite 906
Aventura, Fl. 33180**

Mailing Address

**19495 Biscayne Blvd.
Suite 906
Aventura, Fl. 33180**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

48-990

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/81

5. FEI Number

59-2356236

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Gampel, Harry A.	19495 Biscayne Blvd. #906	Aventura, Fl 33180
S	Curtis, Selma M.	19495 Biscayne Blvd. #906	Aventura, Fl 33180

8. Name and Address of Current Registered Agent

**Curtis, Selma M.
19495 Biscayne Blvd.
Suite 906
Aventura, Fl 33180**

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

Selma M. Curtis
REGISTERED AGENT MUST SIGN

Date

May 24, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 taxes 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:

SELMA M. CURTIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Selma M. Curtis

Date

5-24-99 (305) 937-0010

Daytime Phone #

CH2E081 (12/98)