

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003201

1. Corporation Name

G.S.I. SATIN CARGO SYSTEMS, INC.

Principal Place of Business

152-01 ROCKWAY BLVD.
JAMAICA NY 11434

Mailing Address

152-01 ROCKWAY BLVD.
JAMAICA NY 11434

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

07/09/1993

5. FEI Number

11-2204000

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 (Do NOT Use Post Office Box Numbers)	4 City & State & Zip
DC	WALLACH, JOCHANAN	7 - 9 PLYAM AVE.	HAIFA, ISRAEL 31016
DVC	PILI, AMI	18 HAMASGER ST.	TEZ AVIV, ISRAEL 67774
D	RAMON, SHAUL BRAVER, BEN ITZICK	90 HAHASHMONAIM ST.	TEL AVIV, ISRAEL 67011
PD	DAUBE, JACOB	152-01 ROCKWAY BLVD.	JAMAICA NY 11434
T	JOHNSON, PETER A	152-01 ROCKWAY BLVD.	JAMAICA NY 11434
C	STENBUCH, ELI COHEN-MINTZ, SHAUL	18 HAMASGER ST.	TEL AVIV, ISRAEL 17774

8. Name and Address of Current Registered Agent

BUSTAMANTE, CARLOS R
2802 NW 112 AVE.
MIAMI FL 33172

9. Name and Address of New Registered Agent

Name Nelys Alvarez
Street Address (P.O. Box Number is Not Acceptable)
2648 NW 112 AVE
Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33172

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

Nelys Alvarez

REGISTERED AGENT MUST SIGN

Date 11-12-97

11. This corporation owes or has paid 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 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:

Peter Johnson

Date

Nov 17, 1997

Daytime Phone #

FILED

97 NOV 24 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CFR2040 (8/97)