

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005783

1. Corporation Name

GEKADIJE CLINIMO INC.

Principal Place of Business

12945 NEVADA ST
CORAL GABLES FL 33156

Mailing Address

12945 NEVADA ST
CORAL GABLES FL 33156



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

10/16/1998

5. FEI Number

98-0112875

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 3	City / State / Zip 4
PS	LOPEZ, JUAN RAMON V	VIA ESPANA #200 8TH FLOOR	PANAMA, R.P.
T	LOPEZ, FERNANDO V	VIA ESPANA #200 8TH FLOOR	PANAMA, R.P.

800008696208
10/30/02--01044--001 **150.00

8. Name and Address of Current Registered Agent

D'ADESKY, LIONEL
12945 NEVADA ST
CORAL GABLES FL 33156

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

24/10/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

24/10/02 305-007-3042

CR2E040 (8/02)

GEKADIJE CLINIMO, INC

October 24, 2002

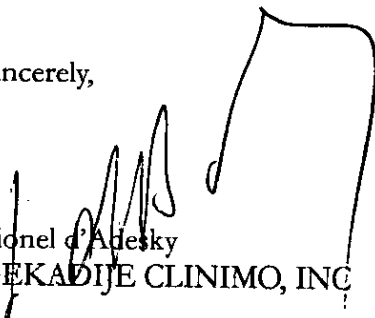
DIVISION OF CORPORATIONS
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We are hereby returning duly signed the application for reinstatement for GEKADIJE CLINIMO, INC., Document #F98000005783. We are sorry to advise that we have not received the two previous communications you referred to and hope that this has not been too great of an inconvenience:

Hoping that everything will continue to remain in good standing order.

Sincerely,



Lionel d'Adesky
GEKADIJE CLINIMO, INC