

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


10 APR -5 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/05/10--01057--016 **1208.75

REINSTATEMENT 07.10

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G11839

1. Corporation Name
Gampel Operating Company

2. Principal Office Address - No P.O. Box # 6543 NW 43rd Terrace	3. Mailing Office Address 6543 NW 43rd Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33496	Country Palm Beach	Zip 33496	Country Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida **11/30/1982**

5. FEI Number **592243156** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ian L. Kleinman, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2101 West Commercial Blvd.

Suite, Apt. #, Etc.
1500

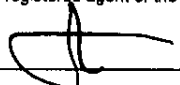
City
Fort Lauderdale

State
FL

Zip Code
33309

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date **March 25 2010**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Cheryl Gampel Shapiro	6543 NW 43rd Terrace	Boca Raton, FL 33496

10. E-mail Address: **cgampel@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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:  **Cheryl Gampel Shapiro** Date **3/25/10** Daytime Phone # **9544838993**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/10