

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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

Suite, Apt. #, etc.

3. Mailing Office Address

6543 NW 43rd Terrace

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33496

Country

Palm Beach

Zip

33496

Country

Palm Beach

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

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

REGISTERED AGENT MUST SIGN

Date **March 25 2010**

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

3/25/10

9544838993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 APR -5 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600174524126
04/05/10--01057--016 **1208.75

REINSTATEMENT 07.10

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

☐ 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.

4/7/10