


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR REINSTATEMENT



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

AND FILED

1998 JAN -9 AM 11:07

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G48439**

1. Corporation Name
GEI ENTERPRISES, INC.

Principal Place of Business % OLIDEN ORTIZ 740 WEST 71 PLACE HIALEAH FL 33014	Mailing Address % OLIDEN ORTIZ 740 WEST 71 PLACE HIALEAH FL 33014
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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	3. New Mailing Office Address, If Applicable MANUEL L. RIVERO ACCOUNTANT Suite, Apt. #, etc. 1313 PONCE DE LEON BLVD#300 City & State CORAL GABLES, FL. Zip 33134	4. Date Incorporated or Qualified To Do Business in Florida 07/13/1983	5. FEI Number 59-2373928	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
D	ORTIZ, OLIDEN	740 WEST 71 PLACE	HIALEAH FL
DP	ORTIZ, OLIDEN	740 W 71ST PLACE	HIALEAH, FL 00000

200002398062--4
 -01/13/98--01038--007
 ****165.00 ****165.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**ORTIZ, OLIDEN
 740 WEST 71 PLACE
 HIALEAH FL 33014**

Name	State	Zip Code
Street Address (P.O. Box Number is Not Acceptable)	FL	
Suite, Apt. #, Etc.		
City		

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

Handwritten signature of Oriden Ortiz

REGISTERED AGENT MUST SIGN

Date **12/10/97**

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: **OLIDEN ORTIZ DIRECTOR**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/97

Date Daytime Phone #

CR2E040 (8/97)

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GELI ENTERPRISES INC.
4641 East 10 Ave.
Hialeah, FL 33013

November 14, 1997

Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Fl 32314

Ref: Document # G48439

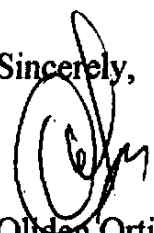
Gentlemen:

Attached please find the Reinstatement Form for my corporation. Please be advised that we have moved to a different location since the beginning of this year. Due to this fact we never received the Annual Report for 1997 even though we had changed our mailing address through our local post office.

At this time I am requesting that you abate the reinstatement Fee and the Corporate Supplemental Fee since we didn't know that we had to notify your department of this change. We though that making the change through our local post office would of been sufficient. Enclosed is a check in the amount of \$ 165.00 to cover the filing fee for this year.

I will assure you this error will not happen again and requesting your consideration for abatement I remain.

x Sincerely,



Orliden Ortiz