	PLEASI	E READ A	ALL INST	RUCTION	IS BEFORE C	OMPLET	ING THIS FO	BMayen	
APPLICATION FOR			FLORIDA DEPARTMENT OF S' Sandra B. Mortham Secretary of State			FILED			
REINSTATEMENT DIVISION OF CORPORATIONS  DOCUMENT # G58539  1. Corporation Name									
Principal Place of Business % IVAN P. GANDON 3196 S. RIVER DR. MIAMI FL 33142			Mailing Address % IVAN P. GANDON 3198 S. RIVER DR. MIAMI FL 33142						
				et Information and enter correction below, ailing Office Address, If Applicable DR.		4. Date Incorp To Do Busir	orated or Qualified ness in Florida	09/07/1983	
Suite, Apt. #	#, <b>e</b> 1c.		Suite, Apt. #, etc.			5. FEI Number	59-2502389	Applied For	
City & State			City & State	ni FL.		6.	0972002008	Not Applicabl	
Zip	Country		3311	1-2 Coi	Intry J.S.A		OF STATUS DESIRED	\$8.75 Additional Fee regulator a Certificate of Status	ed
7. Names e	and Street Addresses of Ea		r Director (Flor	rida nonprofit corp					
Title(s) Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		th or Numbers) 4 City / State / Zip			
TVP BERTHA, SAUMELL			200 N.W. 67TH COURT				MIAMI FL		
8 BERTHA, SAMUEL				200 N.W. 671	H COURT		MIAMI FL		
						90	1000234 -11/12/9' ****750;	147692 701081010 00-****750,00	
			REIN			STATEMENT 197			
				·			Sca	11-6-97	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
SAUMELL, BERTHA								J	7,000
200 N.W. S. RIVER DR. Miami Fl 33126						O. Box Number Is Not Acceptable)			6
4444.71111	16 00120				Suite, Apt. #, Etc.	-			١
					City			State Zip Code	
•	appointed the registered a	_	e named corpo	ration, am familia	r with and accept the of	bligations of Secti	on 607.0505, F.S.		
Signature of Registered	Agont	tlea	GISTERED AG	ENT MUST SIGN			Date		
	is corporation ov angible Persona				rear Yes	No 🗌		her side for information on intangible tax.)	
this reins owed by on this a	statement application, the r y the corporation have been application is true and accur	eason for dissol paid and the natato and the nataton	need an included and the community of the community of the community and the community of t	eliminated, the co uals listed on this	orporate name satisfies form do not qualify for effect as if made under	the requirements an exemption und roath.	of section 607.0401 or der section 119.07(3)(i)	further certify that when filing 617.0401, F.S., that all fees, F.S. The information Indicated	
SIGNAT	FURE: SIGNATURE ANI	D TYPED OR PRIN	TED NAME OF S	GUNING OFFICER	OR DIRECTOR		U/ 30/77	(30V) 330732-	.