

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 DEC 12 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H37295

1. Corporation Name

GON-ARG, INC.

Principal Place of Business

1101 BRICKELL AVE #1700
C/O RAFAEL A PENALVER
MIAMI FL 33131

Mailing Address

1101 BRICKELL AVE #1700
C/O RAFAEL A PENALVER
MIAMI FL 33131

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

01/07/1985

5. FEI Number -

65-0198557

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	PENALVER, RAFAEL A.	1101 BRICKELL AVE #1700	MIAMI FL

700009489877
12/12/02 01071 012 **150.00

8. Name and Address of Current Registered Agent

PENALVER, RAFAEL A.
1101 BRICKELL AVE #1700
MIAMI FL 33131

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

CR2E040 (8/02)

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 12-10-02

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

12-10-02

Date Daytime Phone #

PEÑALVER & PEÑALVER

PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW
1101 BRICKELL AVENUE
SUITE 1700
MIAMI, FLORIDA 33131

RAFAEL A. PEÑALVER, JR.
AURORA PEÑALVER SALAS

TELEPHONE
(305) 579-9000

December 10, 2002

TELEFAX: (305) 371-6117

Division of Corporations
Florida Department of State
P.O. Box 1500
Tallahassee, FL 32314

Re: GON-ARG, INC.

Dear Sir/Madam:

To my surprise today we received Uniform Business Report ("UBR") from your office stating that our firm failed to timely file the UBR and that the filing fee was \$550.00.

We immediately reviewed our records and noted that we had not received any prior UBR for our firm. We received UBR's for the numerous corporations that we service for our clients and noted that all filings and payments were made in April.

Our firm routinely files all of our clients UBR's along with our own in April of each year. It is apparent that we did not receive a UBR for our firm until today.


I respectfully request that you waive the late filing fee and accept the enclosed check # 3619 in the amount of \$150.00 along with UBR.

If you have any questions please call me.

Thank you for your consideration of this matter.

Best regards,

PENALVER & PENALVER, P.A.



Rafael Penalver

RAP/na

Encls.