

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -6 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

H66526

1. Corporation Name

GAETA CROMWELL, INC.

2. Principal Office Address

3555 Northlake BLVD.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33403

Country

Palm Beach

3. Mailing Office Address

3555 Northlake BLVD.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33403

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/1985

5. FEI Number

592635600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2002

7. Name and Address of Current Registered Agent

Name

Louis A. Gaeta, Jr.

Street Address (P.O. Box Number is Not Acceptable)

3555 Northlake BLVD.

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State
FL

Zip Code

33403

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

X

REGISTERED AGENT MUST SIGN

Date

11-5-02

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
PTD	LOUIS A. GAETA, JR.	3555 Northlake BLVD	Palm Beach Gardens, FL 33403
VSD	Henry F. Cromwell	3555 Northlake BLVD.	Palm Beach Gardens, FL 33402

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-5-02

Date

561-627-1900

Daytime Phone #

CR2E081 (9/01)