

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 31 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J29885**

1. Corporation Name

**GULF INTERNATIONAL TRADING
CORPORATION**

2. Principal Office Address

6219 CHAUNCY STREET

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33647-1103

Country

USA

3. Mailing Office Address

6219 CHAUNCY STREET

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

Zip

33647-1103

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/20/1986

5. FEI Number

59-2720760

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

MOHAMED, EL GEIDUSHI

800004481178-6

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

6219 CHAUNCY STREET

-07/17/01--01081--017

******308.75 ****308.75**

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33647-1103

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

Mohid Geidushi

Date **05/28/2001**

REGISTERED AGENT MUST SIGN

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/D	MOHAMED, EL GEIDUSHI	6219 CHAUNCY STREET	TAMPA/FL/33647-1103

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:

Mohid Geidushi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/2001

Date

813-631-1111

Daytime Phone #

CR2E081 (9/00)