

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV -8 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J92778

1. Corporation Name

GIRO INVESTMENTS, INC.

Principal Place of Business

Mailing Address

WUCIANE GIROD
2211 NE OLD DIXIE HWY
JENSEN BEACH FL 34957

WUCIANE GIROD
2211 NE OLD DIXIE HWY
JENSEN BEACH FL 34957

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1987

5. FEI Number

65-0007220

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DV	SANSREGRET, PATRICIA	2211 NE OLD DIXIE HWY	JENSEN BEACH FL
DP	GIROD, LUCIANE	2211 NE OLD DIXIE HWY	JENSEN BEACH FL
S	SANSREGRET, MICHEL	2211 NE OLD DIXIE HWY	JENSEN BEACH FL
			800002005388--2 -11/15/96-01008-011 ***375.00 ***375.00

REINSTATEMENT *all up*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GIROD, LUCIANE
2211 NE OLD DIXIE HWY
JENSEN BEACH FL 34957-3438

Name
Sansregret, Patricia
Street Address (P.O. Box Number is Not Acceptable)
2211 NE Dixie Hwy
Suite, Apt. #, Etc.
City
Jensen Beach
State
FL
Zip Code
34957

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

Sansregret
REGISTERED AGENT MUST SIGN

Date 10/31/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Sansregret
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/96 (561) 334-1313
Date Daytime Phone