

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # L69475

1. Corporation Name

GIRA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

1 Alhambra Circle - Apt. 606
Coral Gables, Florida 33134

c/o 8360 W. Flagler St.,
Suite #200
Miami, Florida 33144

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

2. New Principal Office Address, If Applicable

1 Alhambra Circle,

Suite, Apt. #, etc.
Apt. 606

City & State
Coral Gables, Florida

Zip
33134

Country
USA

3. New Mailing Office Address, If Applicable

c/o 8360 W. Flagler St.

Suite, Apt. #, etc.
#200

City & State
Miami, Florida

Zip
33144

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

May 1, 1990

5. FEI Number

65-0193661

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	GIRALDA IMBERT	1 Alhambra Circle, #606	Coral Gables, FL 33134
Vice- Pres.	ANTONIO IMBERT	1 Alhambra Circle, #606	Coral Gables, FL 33134
			900002513799--4 -05/06/98--01094--012 ***1050.00 ***1050.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

ALBERTO J. PARLADE, Esquire
2450 S.W. 137th Avenue, #224
Miami, Florida 33175

9. Name and Address of New Registered Agent

Name

GIRALDA IMBERT

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

1 Alhambra Circle

Suite, Apt. #, Etc.

Apt. #606

City

Coral Gables

State

FL

Zip Code

33134

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

Giralda Imbert

REGISTERED AGENT MUST SIGN

Date **4/28/98**

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:

Giralda Imbert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/98

Date

(305) 554-7229

Daytime Phone #

CR2E040 (12/96)