

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N01000007648**

1. Corporation Name

GIBSON & SMITH MANAGEMENT AND REVITALIZATION CORP.

Principal Place of Business

**17000 NW 18TH AVENUE
MIAMI FL 33056**

Mailing Address

**17000 NW 18TH AVENUE
MIAMI FL 33056**

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

10/25/2001 TS

5. FEI Number

65-1154354

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
P/D	SMITH, DAVRYE G D	17000 NW 18TH AVENUE	MIAMI FL 33056
V/D	SMITH, SR., MICHAEL D D	17000 NW 18TH AVENUE	MIAMI FL 33056
V/D	GIBSON, VANNDIA R Gibson, Vennida D	6040 NW 201ST TERRACE 17600 NW 9th Place	MIAMI FL 33015- 33169

3000008670093

10/29/02--01098--002 **236.25

8. Name and Address of Current Registered Agent

**SMITH, DAVRYE G
17000 NW 18TH AVENUE
MIAMI FL 33056**

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

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

Oct. 22, 2002

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.

Davrye Gibson-Smith

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 22, 2002

Date

Daytime Phone #

(305) 622-3052

CR20040 (802)