

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 JUN 15 PM 2:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N03000000755

1. Corporation Name

JESUCRISTO REY DE GILIA, INC.  
12415 SW 136 AVE UNIT #1  
MIAMI, FL 33186

2. Principal Office Address

SAME

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

July 2004

5. FEI Number

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

ENZO GROSSO

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

12415 SW 136 AVE

Suite, Apt. #, Etc.

UNIT #1

City

MIAMI

600076403806

06/21/06--01004--016 \*\*297.60

State

FL

Zip Code

33186

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

Date 3-28-06

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	ENZO GROSSO	12415 SW 136 AVE UNIT #1	MIAMI, FL 33186
V	ROSA CAMILO	12415 SW 136 AVE UNIT #1	MIAMI, FL 33186
S	ALMA GIRALDO	12415 SW 136 AVE UNIT #1	MIAMI, FL 33186
T	CARLOS PEREZ	12415 SW 136 AVE UNIT #1	MIAMI, FL 33186

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 contained in Chapter 119, 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

Date

Daytime Phone #

786-242-3331