

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000003640

1. Entity Name
GAITA COMMUNITY ENHANCEMENT FOUNDATION INC.



FILED

09 AUG 31 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
407 LINCON RD., STE. 312
MIAMI BEACH, FL 33139

Mailing Address
407 LINCON RD., STE. 312
MIAMI BEACH, FL 33139

2. Principal Place of Business - No P.O. Box #

400 North Kennedy Causeway

3. Mailing Address

400 North Kennedy Causeway

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

North Bay Village, FL

City & State

North Bay Village, FL

Zip

33141

Country

U.S.A

Zip

33141

Country

U.S.A

6. Name and Address of Current Registered Agent

GAITA, SAMUEL A.
920 NE 72 ST.
MIAMI, FL 33138



4. FEI Number

20-8988947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DPT
NAME GAITA, SAMUEL A.
STREET ADDRESS 920 NE 72 ST
CITY-ST-ZIP MIAMI, FL 33138 ☐ Delete

TITLE DS
NAME ACOSTA, JANINA
STREET ADDRESS 7272 NE 6 CT, APT. 2
CITY-ST-ZIP MIAMI, FL 33138 ☐ Delete

TITLE D
NAME SPANOLA, SYLVIA
STREET ADDRESS 833L MAIN ST
CITY-ST-ZIP BELLEVILLE, NJ 07109 ☐ Delete

TITLE D
NAME CARTER, BRIAN
STREET ADDRESS 8940 NE 8 AVE, UNIT 1202
CITY-ST-ZIP MIAMI, FL 33138 ☐ Delete

TITLE D
NAME DEPASQUALE, CARLO
STREET ADDRESS 1691 MICHIGAN AVE., STE. 210
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS 4039 COLLINS AVE #1718
CITY-ST-ZIP MIAMI, FL 33140 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 400160135144
CITY-ST-ZIP 08/31/09--01063--003 **122.50 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Samuel A. Gaita 8/27/09 305-8000055