

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN -2 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 199000006599

1. Corporation Name

GYALTON KARNYING DUBDE LING INC.

2. Principal Office Address c/o David da Silva Cornell, 1500 Bay Road

3. Mailing Office Address c/o David da Silva Cornell, 1500 Bay Road

Suite, Apt. #, etc.

Apt. 1140

Suite, Apt. #, etc.

Apt. 1140

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33139

Country

USA

Zip

33139

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

10/31/1999

5. FEI Number

650975803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

500004768825--9

-01/11/02--01032--024

*****175.00 *****175.00

7. Name and Address of Current Registered Agent

Name

David da Silva Cornell

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

1500 Bay Road

Suite, Apt. #, Etc.

Apt. 1140

City

Miami Beach

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*****61.25 *****61.25

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

David da Silva Cornell

Date 12/26/01

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
DP	David da Silva Cornell	1500 Bay Road #1140	Miami Beach FL 33139
DV	Roberto Gutierrez	17011 North Bay Road #502	Sunny Isles FL 33160
DT	Stephen Lowicki	1445 N.E. 16 th Terrace	Ft. Lauderdale FL 33304
DS	Carolina Poveda	21300 N.E. San Simeon Way, apt. 0-7	North Miami Beach FL 33179
D	Donato Poveda	21300 N.E. San Simeon Way, apt. 0-7	North Miami Beach FL 33179
D	Alvaro Bojorge	1445 N.E. 16 th Terrace	Ft. Lauderdale FL 33304

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David da Silva Cornell

12/26/01

Date

Daytime Phone #

(305) 579-0733

CR2E081 (9/01)