

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -2 AM 8:00

DOCUMENT # P00000009832

1. Corporation Name

GESTENCO INTERNATIONAL INC.

Principal Place of Business

1200 ANASTASIA AVENUE
SUITE 310
CORAL GABLES FL 33134

Mailing Address

1200 ANASTASIA AVENUE
SUITE 310
CORAL GABLES FL 33134

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

2. New Principal Office Address, If Applicable

~~2053 MONTPELIAR~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~2053 MONTPELIAR~~
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2000

5. FEI Number

~~65-0997605~~

Applied For

Not Applicable

City & State

WESTON FL

City & State

WESTON FL

Zip

33326

Country

USA

Zip

33326

Country

USA

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 3	City / State / Zip 4
PSTD	STEEN, GORAN	1200 ANASTASIA AVENUE, SUITE 310	CORAL GABLES FL 33134
		2053 MONTPELIAR	WESTON FL 33326
D	HELLMAN, GORAN	2053 MONTPELIAR	WESTON FL 33326
			200022553292 08/25/03-01098-012 **1058.75

8. Name and Address of Current Registered Agent

HELLMAN, GORAN
1200 ANASTASIA AVENUE
SUITE 310
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

2053 MONTPELIAR

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

8/30/03

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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/03

Date

984-381-2490

Daytime Phone #