

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 25 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000032825

**1. Corporation Name**

Gilda Inc.

**2. Principal Office Address**

12901 McGregor Blvd.

Suite, Apt. #, etc.  
# 22

City & State

Ft. Myers, FL

Zip

33919

Country

USA

**3. Mailing Office Address**

100 N. Biscayne Blvd.

Suite, Apt. #, etc.  
#2100

City & State

Miami, FL

Zip

33132

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/27/2000

**5. FEI Number**

65-1001868

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

Thomas Baur

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

100 N. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2100

City

Miami,

State

FL

Zip Code

33132

**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

REGISTERED AGENT MUST SIGN

Date

1-15-01

**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	Gilda Pierini	12901 McGregor Blvd. #22	Ft. Myers, FL 33919

**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

Gilda Pierini, President

Date

1/18/02 305-377-3561

Daytime Phone #

232

**BAUR, KLEIN, MATOS & RIEDI, P.A.**

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January 23, 2002

**VIA FIRST CLASS MAIL**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Gilda, Inc. Document No. P00000032825  
Our File No. 4049-001

To Whom It May Concern:

Enclosed herewith please find an original corporation reinstatement form, together with a check made payable to the Florida Department of State in the amount of \$300.00. The \$300.00 amount represents a fee of \$150.00 per year for the years 2001 and 2002. Because the corporation never received in the mail the 2001 report to be filed, we are therefore asking that the late fees be waived.

Feel free to contact the undersigned for any further information.

Very truly yours,



Karin L. Matos, Esq.

Encl.  
KLM/ng