

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000042681

1. Corporation Name

G-SPACE, INC.

Principal Place of Business

17805 SOUTHWEST 34TH COURT
MIRAMAR FL 33029

Mailing Address

17805 SOUTHWEST 34TH COURT
MIRAMAR FL 33029

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

2. New Principal Office Address, If Applicable

11850 State Rd 84

Suite, Apt. #, etc.

Suite A16

City & State

Davie, FL

Zip

33325

Country

USA Broward

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GUERRA, BARBARA	17805 SOUTHWEST 34TH COURT	MIRAMAR FL 33029
VD	GUERRA, GERARDO JR.	17805 SOUTHWEST 34TH COURT	MIRAMAR FL 33029

000007734990--0
-09/13/02--01052--010
****300.00 ****300.00

8. Name and Address of Current Registered Agent

RIVERO, JOSE J
2625 PONCE DE LEON BOULEVARD
SUITE 245
CORAL GABLES FL 34134

9. Name and Address of New Registered Agent

Name

Street Address (Do Not Leave Blank)

Suite, Apt. 7800 West 20th Avenue

Miami, Florida 33016

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

8-23-02

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/1/02

Daytime Phone #

954
483-9659

CR2E040 (8/01)