

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 22 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P00000060842

**1. Corporation Name**

GOMEZ ZAPATA CORPORATION

**2. Principal Office Address**

2550 NW 5th Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

**3. Mailing Office Address**

2550 NW 5th Avenue

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33127

Country

USA

**REINSTATEMENT**

0102

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

06/22/2000

**5. FEI Number**

65-1024080

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

JOSE RODRIGO GOMEZ

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

21050 NE 38th Avenue

Suite, Apt. #, Etc.

Apt. #1503 BLDG. 3

City

AVENTURA

State

FL

Zip Code

33180

**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 01/21/2002

**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
PSTD	JOSE RODRIGO GOMEZ	21050 NE 38th Avenue APT. #1503 BLDG. 3	AVENTURA, FL 33180
			900004844699--2 -01/30/02--01053--006 *****8.75 *****8.75
			LS

**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:**

JOSE RODRIGO GOMEZ

01/21/2002 305 466-1544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #