

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -9 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *GIRAS BRANEX-BANCOMER*

1. Corporation Name

P00000072906

2. Principal Office Address

2727 Bayside Dr.

Suite, Apt. #, etc.

UNIT #103

City & State

NAPLES FL

Zip

34112

Country

Collier

3. Mailing Office Address

2727 Bayside Dr.

Suite, Apt. #, etc.

103

City & State

NAPLES FL

Zip

34112

Country

Collier

100018680081
05/09/03--01088--005 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 2000

5. FEI Number

57-1113547

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$375 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

SAMUEL ALEMAN & KRISTINA ALEMAN

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

2081 44TH TERRACE SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34116

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *5-7-03*

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 |
|--------|--------------------------------------|---------------------------------------------------|--------------------|
| PRES | SAMUEL ALEMAN | 2081 44TH TERRACE SW | NAPLES FL 34116 |
| V.P. | KRISTINA ALEMAN | 2081 44TH TERRACE SW | NAPLES FL 34116 |
| | | | |
| | | | |
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-03

Date

239-775-5116

Daytime Phone #

CR2E081 (10/02)

05 - 07 - 2003

**Giros
Banamex - Bancomer
2727 Bayshore Dr unit # 103
Naples , FL. 34112**

To :

Division of corporations

please be aware that the Reinstatement form or any other form sent to us was never received do to our change of address as of may of 2002 . if any more information is needed please contact us at the above address .

sincerely



Samuel Aleman

Giros Banamex / Bancomer