

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000081142

1. Corporation Name

GICAP INVESTMENT COAP.

2. Principal Office Address - No P.O. Box #

C/O PAUL N. MOORE B166  
16950 N.W. 51ST AVE. MIAMI FL 33166

Suite, Apt. #, etc.

City & State

MIAMI FL 33166

Zip

33166

Country

MIAMI

3. Mailing Office Address

C/O PAUL N. MOORE B166  
16950 N.W. 51ST AVE. MIAMI FL 33166

Suite, Apt. #, etc.

City & State

MIAMI FL 33166

Zip

33166

Country

MIAMI

7. Name and Address of Current Registered Agent

Name

Gigliola Cappuccio

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

14248 S.W. 96 TERRACE

Suite, Apt. #, Etc.

MIAMI

City

FLORIDA

State

FL

Zip Code

33186

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

Gigliola Cappuccio  
REGISTERED AGENT MUST SIGN

Date

February 23, 2007

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.	Gigliola Cappuccio	14248 S.W. 96 TERRACE	MIAMI FLORIDA 33186

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 contained in Chapter 119, 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:

Gigliola Cappuccio  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

February 23, 2007

Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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REINSTATEMENT 04-07