

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 29 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 800000899713

1. Corporation Name

INVERSIONES G & A INC

14018 HERON POND CT

2. Principal Office Address

14018 HERON POND CT

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32824

Country

ORANGE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 10-23-2000

5. FEI Number

52-2333000

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

ANDREINA RODRIGUEZ

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

14018 HERON POND CT

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32824

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

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
P	ANDREINA RODRIGUEZ	14018 HERON POND CT	ORLANDO, FL 32824
VP	GUSTAVO MONTEIL	14018 HERON POND CT	ORLANDO, FL 32824

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

Date

Daytime Phone #

CR2E081 (01/04)

November 9, 2004

To Whom It May Concern:

I DID NOT FILED MY ANNUAL REPORT DUE TO THE FACT THAT I NEVER RECEIVED NOTIFICATION VIA MAIL; THUS, THE ADDRESS ON THE CORPORATION IS WRONG, ENCLOSED I'M CORRECTING WITH THE RIGHT ADDRESS. PLEASE, I ASK FOR A WAIVE OF THE PENALTY FOR THIS YEAR.

THANK YOU.



ANDREINA RODRIGUEZ (PRESIDENT)