

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 AUG 21 PM 12:35

DOCUMENT #

1. Corporation Name GAIRA BAY PUBLISHING, INC.
P00000109989

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

1775 WEeping WILLOW WAY

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

3. Mailing Office Address

1775 WEeping WILLOW WAY

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33029

Country

USA

CR2E081 (12/07)

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

11/28/2000

5. FEI Number

65-1077010

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

LUIS A. BULLA

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

1775 WEeping WILLOW WAY

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33019

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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08/12/08--01038--004 **758.75

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

Bulla

Date 08/04/08

REGISTERED AGENT MUST SIGN

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	CARLOS A. VIVES	1775 WEeping WILLOW WAY	HOLLYWOOD, FL 33019
VP	LUIS A. BULLA	1775 WEeping WILLOW WAY	HOLLYWOOD, FL 33019
DT	EDUARDO A. NOGUERA	1775 WEeping WILLOW WAY	HOLLYWOOD, FL 33019

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08/27/08--01041--004 **141.25

REINSTATEMENT

08-08
8/21/08

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:

Bulla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/2008

Date

954-643-0221

Daytime Phone #