

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 24 AM 10:08

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111195

1. Corporation Name

GLETRANET CORP.

000024026670
10/23/03--01006--005 **900.00

REINSTATEMENT 02-03

000024026670
10/23/03--01006--005 **900.00

2. Principal Office Address

14270 SW 71st LN

3. Mailing Office Address

14270 SW 71st LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33183-2114

Country

USA

Zip

33183-2114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/04/2000

5. FEI Number

651104720

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

MANUEL VELEZ

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

14270 SW 71st LN

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183-2114

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

Manuel Velez

Date 10/20/2003

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/D	NORMA LIZANO	14270 SW 71st LN	MIAMI / FL / 33183-2114
S/T/D	MANUEL VELEZ	14270 SW 71st LN	MIAMI / FL / 33183-2114

000024026670
10/23/03--01006--006 **8.75

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:

Manuel Velez

MANUEL VELEZ

10/20/2003 (305)768-7771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2/10/29