

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -3 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Corporation Name

Gemini Tax  
Verification, Inc.

P01000017379

100025192684  
12/03/03--01017--022 \*\*150.00

2. Principal Office Address

3. Mailing Office Address

2860 East Sable Circle 2860 East Sable Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate, FL

Margate, FL

Zip

Country

Zip

Country

33063

USA

33063

USA

REINSTATEMENT

03

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb '2001

5. FEI Number

65-1087464

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

Silvia Maria SAKKER

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

6776 West Sample Road

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33067

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

*Silvia Maria SAKKER*  
REGISTERED AGENT MUST SIGN

Date 11-25-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip      |
|--------|--------------------------------------|---|-------------------------|
| P      | Silvia SAKKER                        | 6776 W. Sample Rd.                                | Coral Springs, FL 33067 |
| VP     | Angela SAKKER-Mayorga                | 2860 E. Sable Circle                              | Margate, FL 33063       |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |
|        |                                      |   |                         |

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:

*Silvia M. SAKKER*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-25-2003

Daytime Phone #

1-866-753-0228

CR2E081 (10/02)


11-25-2003

TO Whom it may concern: I've  
ENclosed a check for - \$150.00  
dollars. We we're never informed nor  
did we receive the renewal application  
due to relocation of the office for  
Gemini Tax Verification. We had no idea  
the business was currently inactive.  
Can we please have this matter  
investigated as we would never intentionally  
not pay the department of state their  
monies. Please expedite this matter.

Thank you,

Sincerely,

Silvia M. Sakker

  
(president)

Please contact me for questions/concerns.

T: 1-866-753-0228

F: 1-866-753-0444