PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 23 AM 8: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000041174

1. Corporation Name

GHOLA CORP.

REINSTATEMENT 02

400009636744
12/23/02--01054--013 **750.00

2. Principal Office Address	**3.** Mailing Office Address	
1920 NW 79 AVE	1920 NW 79 AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business in Florida
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA	**5.** FEI Number 90-0025648 / Applied For / Not Applicable

Zip 33125	Country MIAMI-DADE	Zip 33125	Country MIAMI-DADE	**6.** CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name   HOMERO GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)   2300 SW 3RD AVENUE APT 1

Suite, Apt. #, Etc.

City MIAMI	State FL	Zip Code 33139-2038

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 _____   Date 12/12/02

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	HOMERO GONZALEZ	2300 SW 3RD AVE APT 1	MIAMI, FL 33139
S/D	ANTONIETTA GONZALEZ	2300 SW 3RD AVE APT 1	Miami Fl 33139

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: _____   12/2/02   305 447-7760

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (9/01)

12/30