

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # **John Gail, Inc.**  
1. Corporation Name

**PD1000052408**

**REINSTATEMENT 02-04**

2. Principal Office Address  
**8510 NW 3 Lane**

3. Mailing Office Address  
**same**

Suite, Apt. #, etc.  
**504**

Suite, Apt. #, etc.

City & State  
**Miami FL**

City & State

Zip  
**33124** Country  
**Dade**

Zip Country

**100031805761**  
04/05/04--01010--030 \*\*450.00

4. Date incorporated or Qualified To Do Business in Florida  
**5-21-2001**

5. FEI Number  
**05-1120957**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

**7. Name and Address of Current Registered Agent**

Name  
**Chuni Ramkissoo**

Street Address (P.O. Box Number is Not Acceptable)  
**8510 NW 3 Lane**

Suite, Apt. #, Etc.  
**504**

City  
**Miami**

State  
**FL**

Zip Code  
**33124**

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

*[Signature]*

Date **3/16/04**

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
D	Chuni Ramkissoo	8510 NW 3 Lane	Miami FL 33124

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/16/04**

Date

Daytime Phone #

CR2001 (9/01)

JOHN GAIL, INC.  
8510 NW 3<sup>RD</sup> LANE, #504  
MIAMI, FLORIDA 33126

March 15, 2004

Florida Department of State  
Division of Corporations

Re: **John Gail, Inc.**  
**Document # P01000052408**

To Whom It May Concern,

As per my telephone conversation with your office, please accept this letter as a waiver to the penalty on my corporation. I did not receive annual report forms for 2002, 2003 or 2004 by mail. Furthermore, enclosed please find check number 1607 in the amount of \$450.00 for my annual fees and to keep 2004 current.

Thank you in advance for your attention in this matter.

Sincerely,

  
Chuni Ramkissoon  
President/Director