

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:06

DOCUMENT # P01000112385

1. Corporation Name

G.I. CONSULTANTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800009476088

12/12/02--01013--008 **150.00

Principal Place of Business

3131 N.W. 4TH STREET
MIAMI FL 33125

Mailing Address

3131 N.W. 4TH STREET
MIAMI FL 33125

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/27/2001

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

D HERNANDEZ, PABLO A

3131 N.W. 4TH STREET

MIAMI FL 33125

8. Name and Address of Current Registered Agent

HERNANDEZ, PABLO A DR.
3131 N.W. 4TH STREET
MIAMI FL 33125

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Dec 5/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 5/02

Daytime Phone #

CR2E040 (8/02)

December 5, 2002

Florida Department of State
Division of Corporations
P.O.Box-6327
Tallahassee, FL 32314

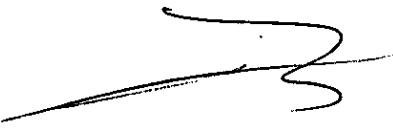
Ref: Document # P1000112385

3131 NW 4 Street
Miami, FL 33125

Dear Sirs,

Enclosed is the Corporation Reinstatement Form for the above referenced corporation. G.I Consultants, Inc. did not receive the Uniform Business Code Report Form for the year 2002. G.I Consultants is a first year filer and I was not aware of the Uniform Business Report filing requirements until the receipt of the reinstatement form.

Sincerely



Pablo A. Hernandez