





2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 19 PM 2:55

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # P01000119846 1. Entity Name GASTRO ENTERPRISES CORPORATION | | | |  | |
| Principal Place of Business 1920 HALLANDALE BEACH BLVD, PH-1 HALLANDALE BEACH, FL 33009 | | | | Mailing Address 1920 HALLANDALE BEACH BLVD, PH-1 HALLANDALE BEACH, FL 33009 | |
| 2. Principal Place of Business 19501 BISCAYNE BLVD Suite, Apt. #, etc. # 783 | | 3. Mailing Address 19501 BISCAYNE BLVD Suite, Apt. #, etc. # 783 | | REINSTATEMENT 05  | |
| City & State AVENTURA, FL Zip 33180 | | City & State AVENTURA, FL Zip 33180 | | 4. FEI Number 01-0596052 | |
| Country U.S.A | | Country U.S.A | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent ALBO, JAMES 2020 NE 163 ST, #300 N MIAMI BEACH, FL 33162 | | | | 7. Name and Address of New Registered Agent Name ELIAS JAFIF Street Address (P.O. Box Number is Not Acceptable) 19501 BISCAYNE BLVD SUITE 783 City AVENTURA FL Zip Code 33180 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u></u> (NOTE: Registered Agent signature required when reinstating) DATE 10-06-05 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PENHOS, ELIAS JAFIF 1920 HALLANDALE BEACH BLVD, PH-1 HALLANDALE BEACH, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PENHOS, ELIAS JAFIF 19501 BISCAYNE BLVD SUITE 783 AVENTURA, FL 33180 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PENHOS, ELIAS J 1920 HALLANDALE BCH. BLVD. HALLANDALE, FL 33009 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PENHOS, ELIAS JAFIF 19501 BISCAYNE BLVD AVENTURA, FL 33180 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 200060773722 10/19/05--01050--017 **\$150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date 10/6/2005 (305) 705 1686 Daytime Phone # | | |