

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 24 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05

DOCUMENT # **P02000013729**

1. Corporation Name

GAMMA INVESTMENT I CORP.

2. Principal Office Address

255 ALHAMBRA CIRCLE

3. Mailing Office Address

255 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

720

Suite, Apt. #, etc.

720

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/05/2002

5. FEI Number

90-0005675

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

GUSTAVO AGUDO

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

255 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

720

City

CORAL GABLES, FL

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

1/19/15

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
PD	GUSTAVO AGUDO	255 ALHAMBRA CIRCLE, SUITE 720	CORAL GABLES, FL 33134

200046295392
02/10/05--01011--015 **300.00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/15

Daytime Phone #

CR2E031 (01/05)

2022

GAMMA INVESTMENTS I CORP.

255 Alhambra Circle, Suite 720
Coral Gables, FL 33134

January 19, 2005

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Gamma Investments I Corp.
Doc #P02000013729
FEI # 90-0005675

Dear Sir/Madam:

This is to inform you that we did not received the annual report form year 2004 due to the fact that you have the wrong address in your records, please waive the fees since I assumed my report was filed on time.

These instructions were given to me by phone today by: Mr. Michelle Milligan please find enclosed the report and check for the year 2004 & 2005 for the amount of \$300.00

Sincerely,



Gustavo Agudo,
President