

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

Per 10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000052055*

1. Corporation Name

GERMAINE II LAMIRADA, INC.

FILED

03 OCT 21 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900023667079
10/09/03--01050--015 **150.00

2. Principal Office Address

16016 Royal Aberdeen Pl.

Suite, Apt. #, etc.

N/A

City & State

Odessa, Florida

Zip

33556

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

City & State

Same

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

5/14/02

5. FEI Number

03-0440727

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

Lena M. Gainer

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

16016 Royal Aberdeen Place

Suite, Apt. #, Etc.

N/A

City

Odessa, Florida

State
FL

Zip Code
33556

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

Lena M. Gainer

REGISTERED AGENT MUST SIGN

Date

10/6/03

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	Lena M. Gainer	16016 Royal Aberdeen Pl.	Odessa, Florida 33556

REINSTATEMENT

03 178

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:

Lena M. Gainer

Lena M. Gainer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/6/03 *813 205 8296*

Daytime Phone #

CR25081 (10/02)

Page 2

October 8, 2003

Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

P02000052055

Re: Germaine II LaMirada, Inc., Document# ~~L02000052055~~.
Reinstatement Fee Waiver Request

To Whom It May Concern:

There has been a change of address for the above referenced entity and therefore the annual report form was not received. Please accept the enclosed reinstatement form with change of address and registered agent, along with the fee of \$150.00 for reinstatement of this entity.

Your consideration and reinstatement is greatly appreciated.

Sincerely,

Lena M. Gainer
Lena M. Gainer
813-205-8296