## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



SUITE 290

## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

03 OCT 23 PH 3: 45 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P02000072324

1. Corporation Name

**GÉSHER REALTY INC** 

100024054381 10/23/0301075018 **150.00	03
Date Incorporated or Qualified	7

2. Principal Office Address 11900 BISCAYNE BLVD		3. Mailing Office Address 11900 BISCAYNE BLVD		10/23/0301079	JS4381 5018 **150.00 )			
Suite, Apt. #, etc. SUITE 290		Suite, Apt. #, etcSUITE_290		4. Date Incorporated or Qualified To Do Business in Florida 07/02/2002				
City & State NORTH MIAMI, FL		City & State NORTH MIAMI, FL		5. FEI Number	✓ Applied For .  Not Applicable			
Zip 33181	Country	Zip 33181	Country	6. CERTIFICATE OF STATUS DESIRED	00.71			
		7. Name	and Address of Current Re	gistered Agent				
Nan	<sup>ne</sup> KAREN SKALT							
Stre	Street Address (P.O. Box Number is Not Acceptable) 11900 BISCAYNE BLVD							

	NORTH MIAMI		FL	33181				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sec Signature of Registered Agent  REGISTERED AGENT MUST SIGN				5 or 617.0503, F.S. 10/16/2003				
9. Names	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				
PV⊺S	SKALT-KAREN	11900-BISC.BLVD STE 290	N.MIA	MI FL 33181				
					$\neg$			

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 filling 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

10/16/03

State

Zip Code

Daytime Phone #

## Accounting Office

## KIM MARKS, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT
11900 Biscayne Boulevard - Suite 290
North Miami, Florida 33181-2726

Toll Free USA: 888-895-5815 Internet: KimCPA@ix.netcom.com Tel: (305) 895-5815 Fax: (305) 895-6273

October 16, 2003

Division of Corporations Uniform Business Report Filings PO Box 6327 Tallahassee, FL 32314-6327

Re: GESHER REALTY INC P02000072324

**UBR 2003** 

Enclosed please find a check in the amount of \$150.00 for renewal of the corporation.

We are requesting an abatement of the late filing penalty. The owner never received any prior notice or filings until she checked her status on the Internet and then received the Notice of dissolution.

We are changing the mailing address to our office since they are no longer at that address.

Thank you,

Kim Marks CPA