

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084689

1. Corporation Name

GAUNA CORPORATION

2. Principal Office Address

1554B Dorado Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

3. Mailing Office Address

1554B Dorado Drive

Suite, Apt. #, etc.

City & State

Kissimmee, FL

Zip

34741

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5 Aug 2002

5. FEI Number

52-2369556

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

Juan C. Gauna

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

1554B Dorado Drive

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34741

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

Juan C. Gauna

REGISTERED AGENT MUST SIGN

Date 09-24-03

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
D	Juan C. Gauna	1554B Dorado Drive	Kissimmee, FL 34741
		03 411 115	

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:

Juan C. Gauna JOAN.C. GAUNA.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-24-03

Date

Daytime Phone #

GAUNA CORPORATION

1554B Dorado Drive
Kissimmee, FL 34741

23 September 2003

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Subject: *Reinstatement of Corporation*
Gauna Corporation
Document No. P02000084689

Dear Sir or Madame:

Please be advised that we never received the 2003 Department of State notice or subsequent notices for corporate renewal. We believe that the notices were not received because we moved from the 8 Broadway Ave., Ste. D, Kissimmee, FL address earlier this year. Hence, we respectfully request a waiver of the \$600 penalty based on the non-receipt of the subject 2003 Florida Department of State notice for corporate renewal. Accordingly, we submit the completed Corporation Reinstatement Document and applicable annual fee of \$150.

Thank you for your consideration in this matter.

GAUNA CORPORATION

Attachments:

1. Corp. Reinstatement Application
2. Check No.