

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 102000089705

1. Corporation Name

Gastven # 5, Inc

REINSTATEMENT 03-04

900029593789
03/01/04--01044--017 **\$900.00

2. Principal Office Address

105 S. Hwy 27

3. Mailing Office Address

642 E. Sugarland Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

South Bay FL

City & State

Clawiston, Florida

Zip

33493

Country

Zip

33440

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0559710

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

Hector Guadalupe

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

105 S Hwy 27

Suite, Apt. #, Etc.

City

South Bay

State

FL

Zip Code

33493

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

Hector Guadalupe

Date

3-11-04

REGISTERED AGENT MUST SIGN

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	Guadalupe, Hector	105 S. Hwy 27	South Bay, FL 33493
S	Inaudi, Ana S.	105 S. Hwy 27	South Bay, FL 33493

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:

Hector Guadalupe President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-04

Date

863 902 9890

Daytime Phone #

CFR2E081 (10/02)