

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 23 PM 4:39

DOCUMENT # P02000101932

1. Corporation Name
G.I.G Enterprises, Inc.

8220 N.W 167 Street
8220 N.W. 167 Street

2. Principal Office Address
8220 N.W 167 Street

Suite, Apt. #, etc.

City & State
Miami Lakes, FL

Zip Country
33016 USA

3. Mailing Office Address
8220 N.W. 167 Street

Suite, Apt. #, etc.

City & State
Miami Lakes, FL

Zip Country
33187 USA

400041289444
09/23/04--01030--001 **908.75

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida 9/20/2002

5. FEI Number 01-0744456 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
Margaret Diaz

Street Address (P.O. Box Number is Not Acceptable)
8220 N.W. 167 Street

Suite, Apt. #, Etc.

City
Miami Lakes

State Zip Code
FL 33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/1/04

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/S/T	Margaret Diaz	8220 N.W. 167 Street	Miami Lakes, FL 33016
D	Lazaro R. Navarro	2550 South Bayshore Drive, Ste. 2	Miami, FL 33133

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/04

Date

305-439-3495

Daytime Phone #

CR2E061 (01/04)