

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 12 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 02000120720

1. Corporation Name

Gamma Group Inc.

**REINSTATEMENT** 03-04

900027404559

01/22/04--01023--023 \*300.00

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

9469 W. ATLANTIC BVD

Suite, Apt. #, etc.

14256 NW 21 ST

City & State

CORAL SPRINGS, FL

City & State

PEMBROKE PINES, FL

Zip

33071

Country

US

Zip

33028

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

11-11-2002

5. FEI Number

61-1432278

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

VICTOR BOCCALON

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

14256 NW 21 ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33028

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

REGISTERED AGENT MUST SIGN

Date

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	VICTOR BOCCALON	14256 NW 21 ST	PEMBROKE PINES, FL 33028
S	LUBRIZA BOCCALON	14256 NW 21 ST	PEMBROKE PINES, FL 33028

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:

VICTOR BOCCALON

1-15-04

754-9074500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

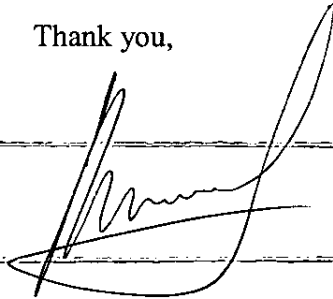
01/15/2004

Gamma Group Inc  
14256 NW 21 ST  
Pembroke Pines, FL 33028

Att: Division of Corporations

Previous notice of the business report was not received. Please accept the application along with the \$300 filing fee.

Thank you,

A handwritten signature in black ink, appearing to be "Gamma Group", written over a horizontal line.

Gamma Group