

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000122647

1. Corporation Name

G & L DIE CUTTING & FINISHING, CORP.

Principal Place of Business

Mailing Address

625 S.W. 29 ROAD
MIAMI FL 33129

625 S.W. 29 ROAD
MIAMI FL 33129

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ACOSTA, GILBERTO R	1837 S.W. 25 ST. 625 SW 29 Road	MIAMI FL 33133
V	ACOSTA, LIZETTE	625 SW 29 ROAD	MIAMI FL 33129

200022965782

10/21/03--01040--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

ISER, DONNA E
14005 S.W. 154 ST.
MIAMI FL 33177

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/13/03

305-231-3118

2082

State of Florida
Department of State

October 14, 2003

Dear Sir/Madam:

I was distressed to read that my corporation has been dissolved. I incorporated on November 13, 2002, however, I did not open for business untill May 1, 2003. I never received the annual report and was unaware of the filing requirement till now.

I am a small busness just starting out. I would have filed the report if I had received it. I am filing the Application for Reinstatement and enclosing a check for \$150 and request that you except this as my original report.

Thanking you in advance for your cooperation.

Sincerely:



Gilberto Acosta
President