

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000125142

1. Corporation Name

Gycol services, inc.

2. Principal Office Address - No P.O. Box #

6713 nw 71 ct

3. Mailing Office Address

6713nw 71 ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

tamarac

City & State

tamarac

Zip

33321

Country

Florida

Zip

33321

Country

Florida

7. Name and Address of Current Registered Agent

Name

Geselle Giraldo

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

6713 nw 71 ct

Suite, Apt. #, Etc.

City

tamarac

State

FL

Zip Code

33321

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

*Geselle Giraldo*  
REGISTERED AGENT MUST SIGN

Date 05/28/2009

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
PD	Giraldo, Geselle	6713 nw 71 ct	Tamarac fl 33321
TD	Giraldo, Diego	6713 nw 71 ct	Tamarac fl 33321
			400156727574 06/03/09--01026--004 **500.00
			060156727690 06/03/09--01026--005 **400.00
			100156727841 06/03/09--01026--006 **8.75

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 contained in Chapter 119, 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:

*Geselle Giraldo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/28/2009

Date

954822-28-52

Daytime Phone #

FILED

09 JUN -3 PM 2:44

SECRETARY OF STATE  
TAMARA A. SPECTER, FLORIDA

REINSTATEMENT

CR2E081 (12/08)

04-09

4. Date Incorporated or Qualified To Do Business in Florida

11/25/2002

5. FEI Number  
364514412

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

6/5/09