

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 13 AM 9:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000128603**

**1. Corporation Name**

GABY JOYAS, CORP

**REINSTATEMENT** 03-04

900028732809  
02/13/04--01035--003 \*\*300.00

**2. Principal Office Address**

10274 COVE LAKE DRIVE

Suite, Apt. #, etc.

**3. Mailing Office Address**

5040 NW 7 ST

Suite, Apt. #, etc.

412

City & State

ORLANDO FLORIDA

City & State

MIAMI FLORIDA

Zip

32836

Country

USA

Zip

33126

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/06/02

**5. FEI Number**

☒ 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

BARRINGTON G COOMBS & ASSOCIATES PA

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

5040 NW 7 ST

Suite, Apt. #, Etc.

412

City

MIAMI

State

FL

Zip Code

33126

**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 01/02/04

**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	FERNANDEZ, JOSE R	10274 COVE LAKE DRIVE	ORLANDO FLORIDA 32836
VS	DE SALVO, GINA	10274 COVE LAKE DRIVE	ORLANDO FLORIDA 32836

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/04

Date

305-529-6777

Daytime Phone #

CR2E081 (10/02)

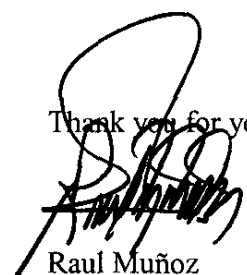
**BARRINGTON G. COOMBS & ASSOCIATES, PA**  
**CERTIFIED PUBLIC ACCOUNTANT**  
**5040 NW 7th STREET**  
**SUITE 412**  
**MIAMI, FL 33126**

RE:P02000128603

TO: Who in my concern.

Per our conversation, about GABY JOYAS, INC. The company is never received the Uniform Business Report for the year 2003. Attached reinstatement, please Active our client GABY JOYAS, CORP; as soon is possible. Attached check for the amount of \$300.00 for year 2003 and 2004.

Thank you for your cooperation



Raul Muñoz  
Accountant