

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005861

1. Corporation Name

GESCO Investments  
& Management INC

2. Principal Office Address

374 N.E 104 st

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

FLORIDA

Zip

33138

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01-16-2003

5. FEI Number

651031907

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

OLIVIER-Joseph, Joel

500061757365

11/29/05--01059--020 \*\*300.00

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

374 N.E 104 street

Suite, Apt. #, Etc.

City

miami

State

FL

Zip Code

33138

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

*Joel Olivier*  
REGISTERED AGENT MUST SIGN

Date 11-25-05

**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
S	WROy, Myrtha	374 N.E 104 st	miami Shors FL 33138
P	Olivier-Joseph Joel	374 N.E 104 st	Miami, FL 33138
* Joel gave permission to correct Myrtha's title add him as President. Jm 11/30			

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:

*Joel Olivier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-05 305 244 7253

Date

Daytime Phone #

CR2E081 (9/01)

2/2  
Miami Florida  
11-25-05

To whom it may concern  
This letter is written to inform your office  
that I did not receive a renewal  
application for the year 2004.  
I am filing for a reinstatement of  
my corporation GESCO Int'l & Mgmt Inc.  
and enclosed is the \$300.00 check fee  
as discussed over the phone.

Truly  
Yours,  
Joel Olivier J  
305 244 7253 cell  
305 751 8771