

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000015717**

1. Corporation Name

GAVRILA DRINDA INC.

WD6000014126

2. Principal Office Address

400 NE 12TH AVE

Suite, Apt. #, etc.

108

City & State

HALLANDALE, FL.

Zip

33009

Country

U.S.A.

3. Mailing Office Address

400 NE 12TH AVE

Suite, Apt. #, etc.

108

City & State

HALLANDALE, FL.

Zip

33009

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02-04-2003

5. FEI Number

57-1154425

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

VALENTIN BARB

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

1415 WILEY ST

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

[Signature]

Date

5/19/06

REGISTERED AGENT MUST SIGN

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
D	DRINDA GAVRILA	400 NE 12 TH AVE APT. 108	HALLANDALE FL. 33009

500076299885
06/16/06--01050--017 **1058.75

REINSTATEMENT 04:04

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:

[Signature]

GAVRILA DRINDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.16.2006

Date

754.2443914

Daytime Phone #