

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 14 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000053450

1. Corporation Name

GOTTA HAVE IT GADGETS! INC.

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

401 BISCAYNE BLVD. S 148

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33132

Country

US

3. Mailing Office Address

401 BISCAYNE BLVD. S 148

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33132

Country

US

REINSTATEMENT 06-08

4. Date Incorporated or Qualified
To Do Business in Florida 05/14/2003

5. FEI Number
11-3688890

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

EDNA ORTIZ

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

1725 SW 109 TERRACE

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33324

☐ 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.

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

Edna Ortiz

Date *7-8-9*

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 |
|--------|--------------------------------------|---|--------------------|
| P | CHARLES CAMACHO | 401 BISCAYNE BLVD S 148 | MIAMI, FL 33132 |
| D | EDNA ORTIZ | 1725 SW 109 TERRACE | DAVIE, FL 33324 |
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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:

Charles Camacho

CHARLES CAMACHO

7-9-9

305-377-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #