

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -5 AM 8:54

DOCUMENT # P03000058994

1. Corporation Name

GANBATTE INC

REINSTATEMENT 08-10

000188398940
12/06/10--01048--006 **1050.00

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

9580 SW 107TH AVE

3. Mailing Office Address

9580 SW 107TH AVE

CR2E081 (6/10)

Suite, Apt. #, etc.

STE 201

Suite, Apt. #, etc.

STE 201

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33176

Country

USA

Zip

33176

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/21/2003

5. FEI Number

01-0790667

☐ 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

DANIEL CARRADO

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

9580 SW 107TH AVE

Suite, Apt. #, Etc.

STE 201

City

MIAMI

State

FL

Zip Code

33176

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 Dec 03, 2010

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,P	CARRADO, DANIEL	9580 SW 107TH AVE S201	MIAMI, FL 33176
D,S	SEMENIC, ADRIANA	9580 SW107TH AVE S201	MIAMI, FL 33176

10. E-mail Address: JESCARPIO@BELLSOUTH.NET

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

Daytime Phone #

(305) 275-
DEC 03 2010 0055