

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

142

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 16 AM 11:32

DOCUMENT # P03000069544

1. Corporation Name

GEMZ INVESTMENTS INC

100068562141

03/24/06--01/07/06 **450.00

REINSTATEMENT 84-06

2. Principal Office Address
174 NE 96 ST

3. Mailing Office Address
174 NE 96 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33138

Country
US

Zip
33138

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 06/20/03

5. FEL Number
57-1172577

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
PB&A FINANCIAL SERVICES CORP

Street Address (P.O. Box Number is Not Acceptable)
174 NE 96 ST

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

Date 03/02/06

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
P	GERALD DELGADO	174 NE 96 ST	MIAMI, FL. 33138

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GERALD DELGADO/PRES 03/02/06

Date

3057761553

Daytime Phone #

2072

State of Florida
PO Box 6327
Tallahassee, Fl. 32314

Gemz Investments Inc
P03000069544

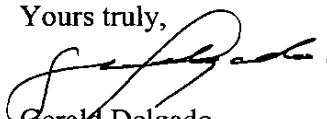
To Whom It May Concern:

Please be advised by this letter that our bank notified us that the above mentioned corporation is dissolved. We have never received a renewal form from your office. *for*
the years 2004, 2005, 2006 .

Attached please find a reinstatement form along with a check for \$450.00 to cover the cost of the renewals thru 2006.

Please update your records accordingly and we appreciate your help on this matter.

Yours truly,


Gerald Delgado
President