

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 23 PM 8:26

DOCUMENT # P03000070051

1. Corporation Name

GISELE CAMARGO, P. A.

100062374981
12/23/05--01040--009 **300.00

REINSTATEMENT 04-05

CR2E081 (8/05)

2. Principal Office Address

400 N. HIATUS RD

Suite, Apt. #, etc.

200

City & State

PEMBROKE PINES, FL

Zip

33026

Country

U.S.A.

3. Mailing Office Address

2810 E. OAKLAND PARK BLVD

Suite, Apt. #, etc.

200

City & State

FORT LAUDERDALE, FL

Zip

33306

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/24/2003

5. FEI Number

20-0073269

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

LAURENCE GORE

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

2400 E. COMMERCIAL BLVD

Suite, Apt. #, Etc.

709

City

FORT LAUDERDALE

State

FL

Zip Code

33308

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

Laurence Gore
REGISTERED AGENT MUST SIGN

Date

12/19/05

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
PRES	GISELE CAMARGO	400 N. HIATUS Rd, suite 200 PEMBROKE PINES, FL 33026	Pembroke Pines, FL 33026

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/2005 (754)2246374

Daytime Phone #

42

12/20/05

Gisele Camargo

RE: Gisele Camargo, PAA.

Federal ID # 20-0073269

Department of State,

I never received any notification about renew and the registered agent did not received any notification as well, so please I am requesting waive the reinstatement fee of \$600.00 and from now on, I know I need to renew every year. Attached is the payment for the missing payment for the past 2 years.

Thanks,


Gisele Camargo