

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO4000006904**

1. Corporation Name

Gizmo People, INC

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

2650 NE 188th St.

Suite, Apt #, etc

City & State

Miami, FL

Zip

33180

Country

USA

3. Mailing Office Address

Suite, Apt #, etc

City & State

SAME

Zip

33180

Country

USA

600189430476
01/04/11--01049--017 **750.00

CR2B081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

050594715

☐ 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

David Kriegstein

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

2650 NE 188th St

Suite, Apt #, Etc.

1

City

Miami

State

FL

Zip Code

33180

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]
Director

REGISTERED AGENT MUST SIGN

Date **12/29/10**

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	David Kriegstein	2650 NE 188th St	Mia, FL 33180
D	Jeremy Schneiderman	2650 NE 188th St	Mia, FL 33180

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B 1/6/11

10. E-mail Address:

(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/10
Date

786-525-5318
Daytime Phone #