

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000024469

1. Entity Name
GOMEZ MORA INC.



Principal Place of Business
5900 W 20 AVE
HIALEAH, FL 33016

Mailing Address
5900 W 20 AVE
HIALEAH, FL 33016

2. Principal Place of Business
2739 W 79 ST
Suite, Apt. #, etc.
13

3. Mailing Address
2739 W 79 ST
Suite, Apt. #, etc.
13

City & State
Hialeah

City & State
Hialeah

Zip 33016 Country USA

Zip 33016 Country USA



REINSTATEMENT

(11/05)

05-06

4. FEI Number
20 0743225

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMSON, EDWARD J ESQ.
7270 NW 12 ST STE 580
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
Lina Gomez

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

2739 W 79 ST #13

City
Hialeah

FL

Zip Code
33016

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lina Gomez*
Signature, typed or printed name of registered agent and title if applicable.

Lina Gomez

3/21/06

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GOMEZ, LINA
5900 W 20 AVE
HIALEAH, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
GOMEZ, CARLOS
5900 W 20 AVE
HIALEAH, FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GOMEZ, LINA
2739 W 79 ST #13
Hialeah, FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
Gomez, Carlos
2739 W 79 ST #13
Hialeah, FL 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700073497427
05/01/06--01054--003 **900.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lina Gomez* Lina Gomez 3/21/06 954 9937539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel MAR 29 2006