

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 22 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000120837.**

1. Corporation Name

GIAN PERE, INC.

000086462830
01/29/07--01061--014 **1050.00

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

9651 SW 166 CT

Suite, Apt. #, etc.

3. Mailing Office Address

9651 SW 166 CT

Suite, Apt. #, etc.

City & State

MIAMI, FL 33196

City & State

MIAMI, FL 33196

Zip

Country

33196 USA

Zip

Country

33196 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/19/2004

5. FEI Number

☐ 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

PERNIA, FRANCISCO

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

9651 SW 166 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Francisco Pernia
REGISTERED AGENT MUST SIGN

Date **1/19/2007**

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	Pernia, Francisco	9651 SW 166 CT	MIAMI, FL 33196

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:

Francisco Pernia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/2007
Date

Daytime Phone #

(786) 261-3580
Daytime Phone #

B. Mitchell JAN 22 2007