

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P04000134850**

1. Corporation Name

GERCILUS, INC

2. Principal Office Address

10200 SW 183 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

3. Mailing Office Address

11245 SW 166th TERR

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

REINSTATEMENT 2005

06 JAN 10 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/04

5. FEI Number

84-1657094

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

LAVIUS GERCILUS

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

11245 SW 166th Terrace

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33157

500064517805

01/25/06--01037--009 **150 00

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

X Lavius Gercilus

REGISTERED AGENT MUST SIGN

Date **1/9/2006**

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	CHARLENE GERCILUS	11245 SW 166th Terr	MIAMI, FL 33157
V-Pres	LAVIUS GERCILUS	11245 SW 166th Terr	MIAMI, FL 33157

MM

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: **X Lavius Gercilus**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/9/2006

Daytime Phone #

zh

GERCILUS, Inc.
11245 SW 166th Terrace
Miami, Fl 33157
(305) 253-1797

January 3, 2006

To: Department of State
Division of Corporations
P.O. Box 6387
Tallahassee, Fl 32314

From: Lavius Gercilus
RE: Dissolution of Corporation
Document #P04000134850

Please find a money order in the amount of \$150.00. The 2005 Annual Report was never received by this corporation.

Sincerely,



Lavius Gercilus,
Vice-President
Gercilus, Inc.

mef
E-Z Tax Preparation and Small
Business Service