

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -5 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300110348623
10/05/07--01028--007 **300.00

REINSTATEMENT 06-07
CR2E081 (1/07)

DOCUMENT #

1. Corporation Name

P05000050583

Gustavo Sales Corp.

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

18753 Biscayne Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

18753 Biscayne Boulevard

Suite, Apt. #, etc.

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip
33180

Country
USA

Zip
33180

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/2003

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
Lamont Neiman Interian & Bellet, P.A.

Street Address (P.O. Box Number is Not Acceptable)
2 South Biscayne Boulevard

Suite, Apt. #, Etc.
3550

City
Miami

State Zip Code
FL 33131

☒ 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

Date

REGISTERED AGENT MUST SIGN

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	Jan S. Neiman	2 South Biscayne Boulevard	Miami, Florida 33131
	<i>10/8</i>		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct. 3, 2007