

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 22 PM 1:41

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # P05000090670

1. Corporation Name

GIHA ENTERPRISES, INC.

2. Principal Office Address

9176 OVERLAND ROAD

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

Zip
32703

Country
USA

3. Mailing Office Address

9176 OVERLAND ROAD

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

Zip
32703

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/2005

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

GIHA, IGOR

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

1685 BISMARCK

Suite, Apt. #, Etc.

City

DELTONA

State
FL

Zip Code
32725

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 8/17/2006

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
PRES	GIHA, IGOR	1685 BISMARCK	DELTONA, FL 32775
			700079219457 08/29/06--01033--008 **150.00

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

8/17/2006

Date

407-297-3700

Daytime Phone #

202

8/17/2006

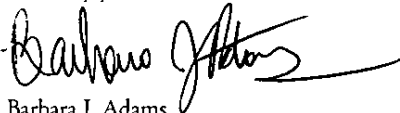
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform you that GIHA ENTERPRISES, INC. has relocated and never received their reinstatement notice for 2006. Due to these circumstances we are asking that you abate the reinstatement fees. The payment of \$150.00 is enclosed for the said years. If there are any questions you can contact me at 407-297-3700. the Document # is P05000090670.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Barbara J. Adams
President - Accountant

Giha, Igor President, Giha Enterprises, Inc.

