2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000104526

Entity Name: GELBISON INC

City-St-Zip:

MIAMI, FL 33143

FILED Aug 31, 2007 Secretary of State

•						
Current Principal Place of Business:				New Principal Place of Business:		
C/O PLM SHUTTS & BOWEN LLP 201 SOUTH BISCAYNE BLVD, 1500 MIAMI CENTER MIAMI, FL 33131				100 S.BISCAYNE BLVD.		
				917 MIAMI, FL 33131		
Current Mailing Address:				New Mailing Address:		
C/O PLM SHUTTS & BOWEN LLP				100 S.BISCAYNE BLVD.		
201 SOUTH BISCAYNE BLVD, 1500 MIAMI CENTER MIAMI, FL 33131				917		
				MIAMI, FL 33131		
FEI Number:	: 20-3221801	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION COMPANY OF MIAMI				VINCENZO, CORREALE		
C/O PATRICK L. MURRAY 201 SOUTH BISCAYNE BLVD, 1500 MIAMI CENTER				100 S.BISCAYNE BLVD. MIAMI, FL 33131 US		
	33131 US	BEVB, 1300 WIIAWII OLIVI LIV		IVIIAIVII, I E 33131		
	named entity e of Florida.	submits this statement for the p	ourpose o	f changing its register	ed office or registered agent, or both,	
SIGNATURE: VINCENZO CORREALE				08/31/2007		
	Electro	nic Signature of Registered Age	∍nt		Date	
		93(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title:) Delete		Title:	() Change () Addition	
Name:	CAIAZZA, NINA			Name:		
Address: City-St-Zip:		LLO, ZONA INDUSTRIAL MATANZAS OLIVAR, VENEZUELA,		Address: City-St-Zip:		
Title:	D () Delete		Title:	() Change () Addition	
Name:	· · · · · · · · · · · · · · · · · · ·			Name:		
Address: City-St-Zip:	· · · · · · · · · · · · · · · · · · ·			Address: City-St-Zip:		
Title:	D () Delete		Title:	() Change () Addition	
Name: CORREALE, VINCENZO Address: 7845 CAMINO REAL STE O-409				Name:		
Address:	OMINIAN CHO	NEAL 31E 0-409		Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: VINCENZO CORREALE VP 08/31/2007