

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLE

FILED

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 NOV 30 PM 12: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000138267

1. Corporation Name

Ginet Enterprises, Inc.

REINSTATEMENT

06-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #
4011 N.W. 177th St3. Mailing Office Address
4011 N.W. 177th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FloridaCity & State
Miami, FloridaZip
33055

Country

Zip
33055

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-446943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Oscar MartinezStreet Address (P.O. Box Number is Not Acceptable)
4011 N.W. 177th St

Suite, Apt. #, Etc.

City
Miami,State
FLZip Code
33055☒ 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 607.0605 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/26/07

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	Oscar Martinez	4011 N.W. 177th St.	Miami, Florida 33055
			000112715820 11/30/07--01007--013 **300.00

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/26/07