

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 30 AM 11:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P05000143224

1. Corporation Name

GERALDINE-C INC

~~300159121473~~
~~07/31/09 01039-002 **800.75~~
REINSTATEMENT
~~CR 2007 (12/08)~~ **06-09**

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

1655 N.W. 3 AVE

3. Mailing Office Address

P.O. BOX 823698

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

South Florida, Florida

Zip

33136

Country

Dade

Zip

33082

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/05

5. FEI Number
20654661

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
BARNEY GERALDINE

Street Address (P.O. Box Number is Not Acceptable)
16533 S.W. 19 ST

Suite, Apt. #, Etc.
MIRAMAR

City
FLORIDA

State
FL

Zip Code
33027

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

Barney Geraldine
REGISTERED AGENT MUST SIGN

Date **7-28-09**

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	Barney, Geraldine	16533 S.W. 19 ST	Miramar, FL 33027

~~300159121473~~
~~07/31/09 01039-002 **800.75~~

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:

Barney Geraldine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-09
Date

786-487-2905
Daytime Phone #

Barney