

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JAN 14 AM 11:26

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000019259

1. Corporation Name

GLESON ENTERPRISES USA, INC

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

14849 SW 67TH LANE

3. Mailing Office Address

14849 SW 67TH LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33193

Country

USA

Zip

33193

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

*20-8435359

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED:

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

SOCOLICH MANRIQUE, ERICK ALVARO

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

14849 SW 67TH LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33193

☐ 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

X

Date 12/22/2009

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
PSTD	SOCOLICH MANRIQUE, ERICK ALVARO	14849 SW 67TH LANE	MIAMI, FL 33193

REINSTATEMENT

08-10

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/10

305 349 1500

Date

Daytime Phone #