

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000096115

1. Entity Name
GAITA REALTY INC.



FILED

09 AUG 31 PM 3: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

407 LINCOLN ROAD
SUITE 312
MIAMI BEACH, FL 33139 US

Mailing Address

407 LINCOLN ROAD
SUITE 312
MIAMI BEACH, FL 33139 US

2. Principal Place of Business - No P.O. Box #

11400 Kennedy Causeway
Suite, Apt. #, etc.
400

3. Mailing Address

11400 Kennedy Causeway
Suite, Apt. #, etc.
400



REINSTATEMENT 08-09
081720091 REINSTATEMENT 082E098 (1707)

City & State

NORTH Bay Village, FL

City & State

NORTH Bay Village, FL

4. FEI Number

87-0810780

Applied For

Not Applicable

Zip

33141

Country

U.S.A

Zip

33141

Country

U.S.A

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRIAN PRZYSTUP AND ASSOCIATES LLC
1881 WASHINGTON AVE
12-E
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME GAITA, SAMUEL A
STREET ADDRESS 407 LINCOLN ROAD SUITE 312
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE VPS
NAME DORIC, DENIS
STREET ADDRESS 1508 BAY ROAD, APT 727
CITY-ST-ZIP MIAMI BEACH, FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400160135224
08/31/09--01063--004 **300.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/09 305.800.10655

Date

Daytime Phone #