

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P08000087799

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** GAMMA LIFT CORP

**Current Principal Place of Business:**

6643 N.W. 173RD LANE  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

6643 N.W. 173RD LANE  
MIAMI, FL 33015

**New Mailing Address:**

**FEI Number:** 26-3437711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SUAREZ, ALBERTO  
6643 N.W. 173 LANE  
MIAMI, FL 33015 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ALBERTO SUAREZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SUAREZ, ALBERTO  
Address: 6643 N.W. 173RD LANE  
City-St-Zip: MIAMI, FL 33015

Title: V  
Name: SUAREZ, NORMA  
Address: 6643 N.W. 173RD LANE  
City-St-Zip: MIAMI, FL 33015

I hereby 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 all other like empowered.

SIGNATURE: ALBERTO SUAREZ

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/17/2011

\_\_\_\_\_  
Date