

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT
2017**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P09000062664

Corporation Name

gaia, Inc.

FILED
17 JUL 2017 9:25

Principal Office Address - No P.O. Box #

33 Middle River Dr

ite, Apt. #, etc

3. Mailing Office Address

733 Middle River Dr

Suite, Apt. #, etc

y & State

Fort Lauderdale

City & State

Fort Lauderdale

Country

3304

Zip

33304

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2011

5. FEI Number

27-4408128

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

ame

Benjamin Shell

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

33 Middle River Dr

uite, Apt. #, Etc

ity
Fort Lauderdale

State

FL

Zip Code

33304

300301720333
07/24/17--01050--026 **750.00

I, being appointed registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

gnature of

Registered Agent

Date 07/20/2017

REGISTERED AGENT MUST SIGN

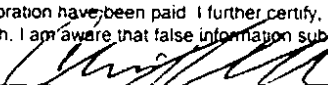
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Christopher Shell	7336 South 285th E Pl	Broken Arrow, OK 74014
Secretary	Benjamin Shell	733 Middle River Dr	Fort Lauderdale, FL 33304

E-mail Address: chris.shell@agaiainc.com

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  CHRISTOPHE SHELL 07/20/2017 918-740-8665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #