


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000007249

1. Corporation Name

G.E.T.S. CORPORATION

Principal Place of Business

1550 BRICKELL AVE.  
SUITE B-405  
MIAMI FL 33129

Mailing Address

P.O. BOX 12321  
MIAMI FL 33101-2321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/25/1993

5. FEI Number

65-0383663

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	GOLDSMIT, CLAUDIO M	1550 BRICKELL AVE., SUITE B-405	MIAMI FL 33129

500002343745--7  
-11/10/87-01182-001  
\*\*\*550.00 \*\*\*550.00

*JP 7-97*

8. Name and Address of Current Registered Agent

GOLDSMIT, CLAUDIO M  
1550 BRICKELL AVE.  
SUITE B-405  
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/23/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on Intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/97

805 856 9956

CR2E040 (8/97)

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Claudio M. Goldsmit  
G.E.T.S. Corporation  
P.O.Box 12321, Miami, FL 33101-2321  
305 856 9956

Florida Departement of State  
Division of Corporations  
Pobox 6327  
Tallahassee, FL 32314

Dear Madame/Sir,

I've received an application for reinstatement.

I've mailed check number 1216 for \$550 in August along with the required documents. I called your office and I been informed that the deparment of state has no record of receiving my letter with the enclosed documents.

If you need copies of the certified letter showing date mailed let me know.

In the meantime kindly return check 1216 and reinstate our company using check number 1336.

I am putting a stop payment on check 1216.

I thank you in advance your soon response.

  
Claudio M. Goldsmit