

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 23 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300008645583

12/23/02--01073--014 \*\*150.00

DOCUMENT # P93000080181

1. Corporation Name

GEM APTS. INC.

Principal Place of Business

13826 SW 102 CT  
MIAMI FL 33176

Mailing Address

13826 SW 102 CT.  
MIAMI FL 33176

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/19/1993

5. FEI Number

NOT APPLICABLE

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	4 City / State / Zip
<del>PT</del>	KOPPE, ERIC	<del>13826 SW 102 CT</del>	<del>MIAMI FL 33176</del>
VS <del>PT</del>	KOPPE, GARY	13826 SW 102 CT	MIAMI FL 33176
VS	Lisa Koppe	13826 SW 102 CT	Miami FL 33176

8. Name and Address of Current Registered Agent

KOPPE, ERIC  
13320 SW 128 STREET  
MIAMI FL 33186

TS

9. Name and Address of New Registered Agent

Name

Gary Koppe

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

13826 SW 102 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33176

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

12-20-02

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 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]*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-02

Daytime Phone #

3052544508

CP2E040 (8/02)

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To Florida Department of State;

I did not receive the prior UBR notices. Please process these applications.  
I am enclosing the original filing fee of \$150.00.

Sincerely

A handwritten signature in cursive script that reads "Gary Koppe". The signature is written in dark ink and is positioned above the printed name and title.

Gary Koppe  
President