

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 21 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000017151

1. Corporation Name

GI. PA. SI., INC.

2. Principal Office Address

13501 SW 128 St.

Suite, Apt. #, etc.

Unit 103

City & State

Miami, FL

Zip

33186

Country

U.S.A.

3. Mailing Office Address

13501 SW 128 St.

Suite, Apt. #, etc.

Unit 103

City & State

Miami, FL

Zip

33186

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0471497

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

Name

B. V. Mazzeo

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

13501 SW 128 St.

Suite, Apt. #, Etc.

Unit 103

City

Miami

State

FL

Zip Code

33186

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

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. 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
D	Ceschiat, Giuseppina	13501 SW 128 St. #103	Miami, FL 33186

10. 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 #

Giuseppina Ceschiat GIUSEPPINA CESCHIAT 4-14-03

CR2E081 (10/02)

4/21/03

B. V. MAZZEO & Co.

CERTIFIED PUBLIC ACCOUNTANTS

Tamiami Commercenter
Suite 103
13501 SW 128 ST
Miami, FL 33186

Tel: (305) 971-5887
Fax: (305) 971-5867

April 11, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

REF: ~~GI-PA, SI, Inc.~~
Document # : P94000017151

To Whom It May Concern:

We are the accountants for the above taxpayer and we are writing on the taxpayer's behalf concerning the 2002 Uniform Business Report.

As per a telephone conversation with one of your representatives, we are mailing you a reinstatement form along with a check in the amount of \$300.00.

During 2002, the taxpayer never received the Uniform Business Report or any notices due to a change of business address. As a result, the 2002 Uniform Business Report was never filed. Consequently, the taxpayer was administratively dissolved.

In view of the fact that the taxpayer has always filed the Uniform Business Report on a timely basis and that they never received the 2002 Uniform Business Report, your representative said he would waive the reinstatement fee.

Respectfully Submitted,

Dania Blandon
B.V. Mazzeo & Co., CPAs