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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 21 AM 8:00

DOCUMENT # P94 000030263

1. Corporation Name

GNT MARKETING, CORP.

2. Principal Office Address

407 LINCOLN ROAD

Suite, Apt. #, etc.

500

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03-04

MRS

4. Date Incorporated or Qualified
To Do Business in Florida

4-21-94

5. - FEI Number

650483487

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

LUIS PAULO SOUZA

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

407 LINCOLN ROAD 700038138167
06/21/04--01077--004 **300.00

Suite, Apt. #, Etc.

500

City

MIAMI BEACH

State
FL

Zip Code

33139

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

6-16-04

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
P	LUIS PAULO SOUZA	407 LINCOLN ROAD	MIAMI BEACH, FL 33139

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]

LUIS PAULO SOUZA

6-16-04

305-926-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)



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Miami Beach, June 16th, 2004.

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

**Re: Request to waive the Reinstatement Fee
FEI Number: 650483487**

Dear Sir/Madam,

The purpose of this letter is to kindly request the company GNT Marketing, Corp to be reinstated and the Reinstatement Fee to be waived.

We never received the Annual Report Form for both years 2003 and 2004 by mail.


Our mailing address appears to be wrong in your system. Please make the necessary corrections:

**GNT Marketing, Corp.
407 Lincoln Road Suite-500
Miami Beach, FL 33139**

Should you have any questions, please contact us via phone (305-530-9444), cell phone (305-926-0782), fax (443-628-1267) or e-mail (gntmkt@aol.com) or mail (above).

Thank you in advance for your attention and understanding.

Sincerely,


Luis Paulo Souza

**407 Lincoln Rd Suite-500
Miami Beach, FL 33139
Tel: (305) 530-9444
Fax: (443) 628-1267
E-mail: gntmkt@aol.com**