PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg. 1 of 2

ANNUAL REPORT (scribbled out)

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97-98 AR

DOCUMENT # P94000035234

1. Corporation Name

GAMBOLI & CRIS INCORPORATED

Principal Place of Business

7235 GLENEAGLE DR
MIAMI LAKES, FL 33014

Mailing Address

7235 GLENEAGLE DR
MIAMI LAKES, FL 33014

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
05/06/1994

5. FEI Number
65-0501227

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
P	GEISHA L. PEREDA	7235 GLENEAGLE DR.	MIAMI LAKES,FL 33014
ST	GISELA GARCIA	7235 GLENEAGLE DR.	MIAMI LAKES,FL 33014

-10/05/98--01131--001
****150.00 ****150.00

9-28-98

-10/05/98--01131--002
****165.00 ****165.00

8. Name and Address of Current Registered Agent

GEISHA L. PEREDA
7235 Gleneagle Dr.
MIAMI LAKES, FL 33014

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: Geisha Pereda REGISTERED AGENT MUST SIGN

Date 9/2/98

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 the form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this report or supplemental report is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Geisha Pereda Geisha L Pereda 9/2/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #