

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 31 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # 940000-39474

1 Corporation Name

GJUL, INC.

Principal Place of Business

Mailing Address

355 Coconut Circle  
Ft. Lauderdale, FL 33326

Same

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

DO NOT WRITE IN THIS SPACE

2 New Principal Office Address, If Applicable

355 Coconut Circle

Suite, Apt. #, etc.

3 New Mailing Address, If Applicable

355 Coconut Circle

Suite, Apt. #, etc.

4 Date Incorporated or Qualified  
To Do Business in Florida

5/25/94

5 FEI Number

65-0506991

Applied For

Not Applicable

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSTD	Gaston Javier Uzcategui	355 Coconut Circle	Ft. Lauderdale, FL 33326
VP	Michael Ortiz	2665 So. Bayshore Dr Suite 902	Miami, FL 33133

300002049763--9  
-01/08/97--01009--022  
\*\*\*\*575.00 \*\*\*\*575.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

		Name	
		Michael Ortiz, Esq.	
		Street Address (P.O. Box Number is Not Acceptable)	
		2665 So. Bayshore Drive	
		Suite, Apt. #, Etc.	
		Suite 902	
		City	State Zip Code
		Miami	FL 33133

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

*Michael Ortiz*

REGISTERED AGENT MUST SIGN

Date 12/30/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re-  
lease the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all  
fees owed by the corporation have been paid. 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:

*Michael Ortiz*

Michael Ortiz

12/30/96 (205) 856-7879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #