

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN -4 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046291

**1. Corporation Name**

Gior Investments Inc.

**REINSTATEMENT** DB-04

**2. Principal Office Address**

6950 S.W 75 Ave

Suite, Apt. #, etc.

City & State

Miami Fl.

Zip

33143

Country

Dade

**3. Mailing Office Address**

6950 S.W 75 Ave

Suite, Apt. #, etc.

City & State

Miami FL.

Zip

33143

Country

Dade

900035717689

05/06/04--01064--016 \*\*150.00

**4. Date incorporated or Qualified  
To Do Business in Florida**

6/15/1994

**5. FEI Number**

65-0504318

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

RENATO V. GIORGINI

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

6950 S.W 75 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

**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
P.S.	Renato V. GIORGINI	6950 S.W 75 Ave	Miami Fl. 33143
V.T.	PILAR GIORGINI	6950 S.W 75 Ave	Miami Fl. 33143

**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

Renato V. GIORGINI

Date

4-26-04

Daytime Phone #

305-669-2774

CR2E081 (10/02)

P1 222

Renato Victor Giorgini & Pilar Giorgini  
Gior Investments Incorporated  
6950 SW 75 Ave  
Miami, Florida 33143

April 26, 2004

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

Re : 65-0504318  
Document No. P994000046291

To Whom It May Concern:

I was informed that captioned corporation had been cancelled due to non receipt of the annual report. In checking with your office, we were informed that notices were returned to your office as the mailing address was incorrect.

The correct mailing address is 6950 SW 75 Avenue, Miami, Florida 33143 and you had our address as 6950 SW 15 Ave Miami, Florida 333143. The documents which had been mailed to our address for the annual report were returned to your office and were never received by us.

Attached please find the completed Reinstatement Form along with our check in payment for the processing fee. We are hereby requesting that you waive the penalty of \$600.00 due to the fact that we did not receive the required notice.

Your assistance in processing this request is appreciated. If you should need any additional information, please do not hesitate to give us a call.

Sincerely,



Pilar Giorgini