

95-97 AR

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICANT FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # 094000077832

1. Corporation Name
GOLD-FILLED U.S.A., INC.

Principal Place of Business Mailing Address
169 E. FLAGLER ST. # 932
MIAMI FL 33131

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
10-24-94

5. FEI Number
65-0529540

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)

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
PRES.	RAMI OVADIA	169 E. FLAGLER ST. #932	MIAMI FL 33131

8. Name and Address of Current Registered Agent
JANA DRVOTA
3755 POINCIANA DRIVE
LAKE WORTH FL 33467

9. Name and Address of New Registered Agent
Name
RAMI OVADIA
Street Address (P.O. Box Number is Not Acceptable)
169 E. FLAGLER ST. # 932
Suite, Apt. #, Etc.
932
City
MIAMI
State
FL
Zip Code
33131

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 *Rami Ovadia* REGISTERED AGENT MUST SIGN Date 7-21-97

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 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: *Rami Ovadia* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7-21-97 Daytime Phone # 305-358-1500

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GOLD-FILLED U.S.A.

169 EAST FLAGLER STREET, SUITE 932, MIAMI, FLORIDA 33131
(305) 358-1300

July 21, 1997

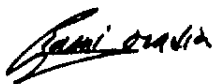
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Document #P94000077832
FEI #65-0529540

Enclosed you will find an Application for Reinstatement together with a check for \$565.00.

Please be advised that we did not file on time because the forms were being sent to the incorrect address. Therefore, we will appreciate if you waive the reinstatement fee.

Thank you,



Rami Ovadia
Registered Agent

RD/rdh
Encs.