

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
00 JUN 28 PM 12: 33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028780

1. Corporation Name

GASA INTERNATIONAL TRADING CORP.

Principal Place of Business

**518 EAST 21 ST APT 10
HIALEAH FL 33010**

Mailing Address

**518 EAST 21 ST APT 10
HIALEAH FL 33010**

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

04/07/95

5. FEI Number
65-0571801

Applied For

Not **80** Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

96-00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	HELIO CAVALCANTE NUNES	7400 West 20 Av # 122	HIALEAH, FL. 33016
			800003330098--1 -07/20/00--01061--008 ****500.00 ****500.00
			800003330098--1 -07/20/00--01061--009 ****500.00 ****500.00
			800003330098--1 -07/20/00--01061--010 ****350.00 ****300.00

8. Name and Address of Current Registered Agent

DILMA LOES

9270-E BAL HARBOR DR #10-A

BAL HARBOUR FL 33154

9. Name and Address of New Registered Agent

Name

JOSE LUIS LORENZO

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

518 E 21 ST APT 10

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33010

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **05/24/00**

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HELIO CAVALCANTE NUNES

Date

05/15/00

Daytime Phone #

CR2E040 (1/98)