

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **P950000042697**

1. Corporation Name

GYPSY'S STOP, INC.

Principal Place of Business

Mailing Address

5985 W. 25th CT.
#105
HIALEAH, FL 33016

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc. **7312 SW 117th AVE.**

Suite, Apt. #, etc.

City & State

City & State

Zip **MIAMI, FL** Country

Zip Country

33183

4. Date Incorporated or Qualified
To Do Business in Florida

5-25-95

5. FEI Number

65-0590383

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	OMAR OTAOLA	7312 SW 117th AVE.	MIAMI, FL 33183
			000002969140--9 -08/25/99--01004--004 ***1000.00 ***1000.00
			000002969140--9 -08/25/99--01004--005 ***200.00 ***200.00

8. Name and Address of Current Registered Agent

VLADIMIR LEYVA
5985 W. 25th Ct. #105
HIALEAH, FL 33016

9. Name and Address of New Registered Agent

Name
OMAR OTAOLA
Street Address (P.O. Box Number is Not Acceptable)
7312 SW 117th AVE.
Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33183

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

Otaola

REGISTERED AGENT MUST SIGN

Date **Aug 4, 99**

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.

PREPARED BY: **OMAR OTAOLA 7312 SW 117th AVE., MIAMI, FL 33183**

SIGNATURE:

Otaola

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-270-8881

Date

Daytime Phone #

CR2E040 (1/98)