PLEASE READ A	ALL INSTRUCTIONS	BEFORE COMPLET	ING THIS FORM.	
APPLICATION 🔏	FLORIDA DEPARTMEI Sandra B. Mor	NT OF STATE	$(\hat{V})$	)
FOR	Secretary of S	V(17/) (a		
DOCUMENT #	DIVISION OF CORPO	W/C	FILED	
1. Corporation Name 79500051063		`I	7 JAN 27 PM 1: 40	
Gulf Shell, Inc.		TA	LONETARY OF STATE LLAHASSEE, FLORIDA	
Principal Place of Business	Mailing Address		•	
13016 Sw 128 St.	13016 SW 128	et.		
Miami , FL. 33186	Miami, FZ. 8316	36		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
New Principal Office Address, If Applicable			porated or Qualified iness in Florida 06 28 95	
Suite, Apt. #, etc.		5. FEI Numbe	Applied For	
City & State	City & State	<u>45-0</u>	Not Applica	
Zip Country	Zip Countr		TE OF STATUS DESIRED 1 58 75 Additional Fee requirements of State	
Names and Street Addresses of Each Officer and/o     Name of Officers		tions must list at least 3 directors) eet Address of Each		
Title(s) and/or Directors Offi		icer and/or Director se Post Office Box Numbers)	City / State / Zip	
P ALEZANDRO GONZALOZ 14430 SW 1100ST MARY Ph 33186				
UP HEWISA BITTAR 14430 SWI		w 110ast	Maw Fl 33186	
			,	
			00002072063 -01/29/9701032005	4
			****1 <del>73.75 ****173.7</del>	5
			A losh?	
			OBJIC 1911	
Name			Address of New Registered Agent	96/
· · · · · · · · · · · · · · · · · · ·		Street Address (P.O. Box Number	is Not Acceptable)	CR2E040 (12/96)
14430 SW 110MST Niawi, Pl. 33186		Suite, Apt. #, Etc. 3000020720634 5 -01/29/9701032006		
Diami Fl. 331 P6 City			****200 s00   z****200.0	0
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 Date 1/20/9 Date				
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No				
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayume Phone #				

Gulf Shell Inc. 13016 SW 156 St. Miami, Fl. 33186 (305) 232-8545

January 20, 1997

Florida Department of State Division of Corporations

To whom it may concern,

As per our telephone conversation the application for reinstatement is enclosed. The 1996 report and fee although filed on time never seemed to have reached your office. Enclosed are two checks to cover the years of 1996 and 1997.

Thank you

Heloisa Bittar