| · p | PLEASE READ A | ALL INSTE | RUCTIONS | BEFORE C | COMPLETI | ING THIS F | ORM. | |
|---|--|-----------------|----------|--|--|----------------------|------------------|-------------------------------|
| APPLICATION FLORIDA DEPARTI FOR Sandra B. I Secretary | | | · | NT OF STATE tham State | | 143 -1 671 12: 20 | | |
| DOCUMENT # P95000065713 1. Corporation Name G & S Medien L RENTAls Inc. | | | | | SON TO STATE OF STATE | | | |
| Principal Place of Business Mailing Address | | | | | <u> </u> | | | Ţ |
| 11401 SW SUITE 323 MIAMI FI Habove addresses are in | 11401 SW 40ST. SUITE 333 MIAMI FL 33165 high incorrect information and enter correction below | | | REINSTATEMENT 00-99 | | | | |
| 2. New Principal Office Ad | 3. New Mailing Address, If Applicable | | | 4. Date Incorporated or Qualified To Do Business in Florida 08/34/95 | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. FEI Number Applied For | | | | |
| City & State | City & State | | | 65-0603302 Not Applicable 6 \$8.75 Additional Fee required | | | | |
| Zip | Country | Zφ | Countr | y | CERTIFICATE | OF STATUS DESIRED | 56.73 / for a | Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/or Director (Name of Officers and/or Directors 2. Name of Officers | | | Str | tions must list at lea eet Address of Each licer and/or Director se Post Office Box N | City / State / Zip | | | |
| (P) MIRNA GARCIA 6005 5 | | | | W 1081 | Pl. | Minni | Fl. | 33/23 |
| م ا د | | | Minni | | | | | |
| (VF) Gonza | 10 MARTIN | 63 | 6005 | in 108 | / PL . | MIAMI | FZ | 33/73 |
| | | | | | | ***** 00002 | 7990 21.25 | 1065014 ****821.25 2447 |
| 8. Name | and Address of Current Re | egistered Agent | | <u> </u> | 9. Name and A | ddress of New Reg | istered Age | nt |
| MIRNA GARCIA Steel Address IT | | | | | | | | 12/95) |
| 6005 SW 108 PL | | | | Street Address (F.O. Box Number is Not Acceptable) | | | | |
| 6005 SW 108 PL MIAMI FL 33173 | | | | Suite, Apt. #, Etc | | | | |
| City State Zip Code FL | | | | | | | | |
| 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 03/04/99 Date 03/04/99 | | | | | | | | |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on inlangible tax) | | | | | | | | |
| 12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am air 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. and that all less owed by the corporation have been part. 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 AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | | | | |