

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 DEC 30 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071119

1 Corporation Name

GIRAMONDO, INC.

Principal Place of Business

11460 S.W. 144TH PATH
MIAMI FL 33186

Mailing Address

11460 S.W. 144TH PATH
MIAMI FL 33186

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

09/11/1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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
PSTD	VILLAVICENCIO, LILIANA	11460 S.W. 144TH PATH	MIAMI FL 33186

900002050469--3
-01/08/97--01049--021
****395.00 ****395.00

8. Name and Address of Current Registered Agent

VILLAVICENCIO, LILIANA
11460 S.W. 144TH PATH
MIAMI FL 33186

9. Name and Address of New Registered Agent

Name
LILIANA VILLAVICENCIO
Street Address (P.O. Box Number is Not Acceptable)
14840 S.W. 104 ST.
Suite, Apt. #, Etc.
Unit # 99
City
Miami
State
FL
Zip Code
33196

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

Liliana Villavicencio
REGISTERED AGENT MUST SIGN

Date 12/26/96

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: LILIANA VILLAVICENCIO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/96 - 305-3875516-
Date Daytime Phone #