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 #

P95000081648

1. Corporation Name

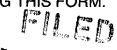
GON-NAR CORPORATION

Principal Place of Business

Mailing Address

4351 SW 149TH COURT

4351 SW 149TH COURT



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If ahove s	addresses are	incorrect in any way, line the	arough incorrect in	nformation e	nd enter correction below	MIL	WENT 97	J1 11/3	
_		Address, If Applicable				4. Date Incorp	Date Incorporated or Qualified To Do Business in Florida 10/23/1995		
Sulte, Apt.	#, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			7,750		
City & State			City & State			65-0624470 Sold Applicable			
Zip		Country	Zip		Country	6. Certificat	E OF STATUS DESIFIED 🔲 S8	i.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	rida nonprof	it corporations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of E Officer and/or Direct Officer Bottom (Do NOT Use Post Office Bottom)) Numbers)	city / State / Zip		
PD	GONZALEZ, IBRAHIM			4351 SW 149TH COURT			MIAMI FL 33185		
SD SD	GONZALEZ, IBRAHIM JR.			4351 SW 149TH COURT			MIAMI FL 33185		
TD .	GONZALEZ, ESTHER			4351 SW 149TH COURT			MIAMI FL 33185		
						41	####750.00	'4040 01035011 ****750.00	
~~	8. Nem	e and Address of Current	Registered Age	ent .		0 Name and	Address of New Registered	Agont	
Name						F. Hallo and Addies of New Hegistered Agent			
GONZALEZ, IBRAHIM SR.						O Pay Number	in Not Assentable)		
	W 149TH C	OURI		Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33185				Suite, Apt. #, Etc.					
					City	·	State Zip Code		
10. I, being	appointed the	registered agent of the eb	ove named corpo	oration, am fa	amiliar with and accept the ob	oligations of Sect	ion 607.0505, F.S.	1	
Signature o Registered	f Agent	y breken	EGISTEGED AS	ENT MUST	SIGN		Date 10-0	9/97	
11. Th	is corpor angible I	ration owes or h Personal Proper	as paid the	e currei June 3	nt year 0. Yes	No 🗌		de for information ngible tax.)	
12. I certify	that fam an o	fficer or director or the rece	iver or trustee en	powered to	execute this application as p	rovided for in cha	apter 607 or 617, F.S. I further	r certify that when filing	

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.