

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

97 OCT 29 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000092376

1. Corporation Name

GABRIANA'S PROMOTIONS, INC.

Principal Place of Business

~~615 84TH STREET~~

~~#8~~

~~MIAMI BEACH FL 33141~~

Mailing Address

~~615 84TH STREET~~

~~#8~~

~~MIAMI BEACH FL 33141~~

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

2. New Principal Office Address, If Applicable

7545 E. Treasure Dr

Suite, Apt. #, etc.

4 J

City & State

N. Bay Village, FL

Zip

33141

Country

USA

3. New Mailing Office Address, If Applicable

7545 E. Treasure Dr

Suite, Apt. #, etc.

4 J

City & State

N. Bay Village, FL

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

12/05/1995

5. FEI Number

65-0623034

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
PD	ELIANA SIMONATTO DA SILVA ARAUJO	615 84TH STREET, #3	MIAMI BEACH FL 33141
PD	ELIANA SIMONATTO DA SILVA ARAUJO	7545 E. Treasure Dr, # 4J	N. Bay Village, FL, 33141

500002334465 - 3
-10/30/97--01116--010
****165.00 ****165.00

10/10/29

8. Name and Address of Current Registered Agent

ELIANA SIMONATTO DA SILVA ARAUJO

615 84TH STREET

#8

MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7545 E. Treasure Dr

Suite, Apt. #, Etc.

4 J

City

N. Bay Village, FL

State

FL

Zip Code

33141

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

ELIANA SIMONATTO DA SILVA ARAUJO
REGISTERED AGENT MUST SIGN

Date Oct. 27, 1997

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.

SIGNATURE:

ELIANA SIMONATTO DA SILVA ARAUJO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 27, 1997
Date

(305) 864 1594
Daytime Phone #

CR2E040 (8/97)

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Dear Sir/Ms.:

Per instructions from the Division of Corporations, I am attaching a check in the amount of \$165.00 for the Annual Report fee.

I also state that I have not received the first and second notices from the Division of Corporations (reason: change of address)

Thank you for your courtesy in this matter.

A handwritten signature in cursive script, appearing to read "Elva J. Johnson".

President