

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 26 PM 4: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000038912

1. Corporation Name

GADA, INC.

**REINSTATEMENT**

9/26/97

400009475114  
12/11/02--01065--020 \*\*1508.75

2. Principal Office Address

1009 KENMORE ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRANDON, FL.

City & State

FL.

Zip

33510

Country

HILLS

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

4/25/96

5. FEI Number

59-3377836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DAN KATALINE

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

1009 KENMORE ST.

Suite, Apt. #, Etc.

City

BRANDON

State

FL

Zip Code

33510

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Dan Kataline

Date

12/9/02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	DAN KATALINE	1009 KENMORE ST.	BRANDON, FL. 33510
S.	YOUSSEF NSHEIWA	6711 DURANT RD.	DURANT, FL. 33530
			SP

10. 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:

Dan Kataline

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/9/02

Date

813-689-3312

Daytime Phone =

CR2E081 (9/01)

Unlimited Consultation  
Accounting Service at your Office  
Computerized Financial Statements

**.Kasbar, Inc.**

DECEMBER 12, 2002

DEPARTMENT OF STATE  
SUSAN PAYNE:

GADA, INC., CONFIRMATION #200004326072, INCORPORATED MAY 29, 2001,  
HAS SUBMITTED ARTICLES OF DISSOLUTION DATED DECEMBER 9, 2002, AND HAS  
NO INTENTION TO RE-ACTIVATE THIS ENTITY AT ANY TIME IN THE FUTURE.  
PLEASE ALLOW GADA, INC., DOCUMENT #P96000038912, TO REINSTATE THIS  
ENTITY AS INSTRUCTED IN OUR CORPORATION REINSTATEMENT DOCUMENT  
FILED ON OR ABOUT DECEMBER 11, 2002.

CORDIALLY,



KENNETH KEITH, REGISTERED AGENT.

1202 Monte Lake Dr.  
Valrico, Fl. 33594

