

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -6 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090276

1. Corporation Name

J. Gassette Enterprises, Inc

2. Principal Office Address

9273 Collins Avenue

Suite, Apt. #, etc.

205

City & State

Miami Florida

Zip

33154

Country

USA

3. Mailing Office Address

9273 Collins Avenue

Suite, Apt. #, etc.

205

City & State

Miami Florida

Zip

33154

Country

USA

400035717634

05/06/04--01064--015--908.75

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-0706735

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

Julio Gassette

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

9273 Collins Avenue

Suite, Apt. #, Etc.

205

City

Miami

State

FL

Zip Code

33154

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

REGISTERED AGENT MUST SIGN

Date

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
DPS	Julio Gassette	9273 Collins Avenue Apt 205	MIAMI FLORIDA 33154
DVT	Marlene Gassette	9273 Collins Avenue Apt 205	MIAMI FLORIDA 33154

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-2004

Date

Daytime Phone #

CR2E081 (01/04)