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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 3:40

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000014333

1. Corporation Name

GASPA ENTERPRISES, INC.

Principal Place of Business

8248 SW 103 AV.
MIAMI FL 33173

Mailing Address

8248 SW 103 AV.
MIAMI FL 33173

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1997

5. FEI Number

65-0748770

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	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PSD	GOMEZ, JAVIER	8248 SW 103 AV.	MIAMI FL 33173

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOMEZ, JAVIER
8248 SW 103 AV.
MIAMI FL 33173

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0306, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/20/01

AD

11. 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

Date

Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
 Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
 Account Number : 071001002335
 Phone : (305) 599-0839
 Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

GASPA ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$750.00