

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

98 DEC -4 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 997000019300  
 1. Corporation Name GASSO/GOMEZ ACQUISITION CORP.

Principal Place of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u>MARCH 03, 1997</u>
City & State	City & State	5. FEI Number
Zip	Zip	<u>59-344-6505</u>
Country	Country	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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
P	Julius A. GASSO	9050 S.W. 57 AVENUE UNIT H	MIAMI, FL 33156

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name <u>Julius A. GASSO</u>
	Street Address (P.O. Box Number is Not Acceptable) <u>9050 S.W. 57 AVENUE</u>
	Suite, Apt. #, Etc. <u>UNIT H</u>
	City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33156</u>

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 [Signature] Date 11/24/98  
 REGISTERED AGENT MUST SIGN

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date 11/24/98 Daytime Phone # (305) 535-1675

CR2E040 (1/98)