

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Tallahassee  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

99 MAY -5 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019300

1. Corporation Name

GASSO/GOMEZ ACQUISITION CORP.

Principal Place of Business

Mailing Address

C/O MARC H. AUERBACH, ESQ.  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131

C/O MARC H. AUERBACH, ESQ.  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131

If above addresses are incorrect in any way, line 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

02/24/1997

5. FEI Number

59-3446505

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
P	Julius A. Gasso	9050 SW 57th Ave unit H	miami FL 33156

400002874744--8  
-05/13/99--01118--013  
\*\*\*\*158.75 \*\*\*\*158.75

*[Handwritten initials]*

8. Name and Address of Current Registered Agent

Julius A. GASSO  
c/o AUERBACH, MARC H. ESQ.  
100 S.E. 2ND STREET  
28TH FLOOR  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt #, Etc.  
City  
State | Zip Code  
FL

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]*  
REGISTERED AGENT MUST SIGN

Date: 5-1-99

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: 5-1-99  
Daytime Phone #

CR2E040 (9/98)