PLEASE READ	ALL INSTRUCTIONS	S BEFOLLE LON PLETING THIS FORM.	
APPLICATION APPLICATION	FLORIDA DEPARTME	ENT OF STATE	
, FOR	Katherine Ha Secretary of S	State FILED	
REINSTATEMENT	DIVISION OF CORPO	99 NOV 16 PM 3: 47	
DOCUMENT # PO77000	XX249X6	SECRETARY OF STATE TALLAMASSEE, FLORIDA	
G. L. M. EDERIBES, INC		TALLAHASSEE. FLORIDA	
Principal Place of Business	Mailing Address		
MIDMI EL	3218 SW 87A6	<i>UG</i>	
	NIPMI FL. 33163	5	
If above addresses are incorrect in any way, line thr			
New Principal Office Address, If Applicable	3. New Mailing Office Address, If		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For	
City & State Zio Country	City & State Zip Countr	650-74-6002 Not Applicable	
Zip Country 7. Names and Street Addresses of Each Officer and		CERTIFICATE OF STATUS DESIRED	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip			
- csipasy	3 (DO NOT U	Use Post Office Box Numbers) 4	
GUILLERMO L. MI		MIANI FLORIDA 33/65	
	1		
		30000000000000000000000000000000000000	
		-12/UC/33U1U62U22 ****908.75 ****908.75	
8. Name and Address of Current	Registered Agent	9. Name and Address of New Registered Agent	
GUILLEPAD L. MATO	SR.	Name Street Address (P.O. Box Number is Not Acceptable)	
3218 SW 87AV6		Street Address (P.O. Box Number is Not Acceptable) 32/8 & W 87A/G Suite, Apt #, Etc.	
MIRMI FLORIDA 33165		City State Zip Code	
10. I, being appointed the registered agent of the above named copposition, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Auillan V. Mit Date 11/10/99			
REGISTE AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No Verside 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 filling 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: SUIL LETEMO L. MATO SR. JULIAN VIIIO/99 305-742-6219 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON ORIECTOR Date Destine Phone #			