

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
05 NOV 28 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700026130

1. Corporation Name C.G.Y. Corp

REINSTATEMENT 05

2. Principal Office Address
162 NW 108 St.

Suite, Apt. #, etc.

City & State
Miami Shores

Zip
FL

Country
33168

3. Mailing Office Address
162 NW 108 St.

Suite, Apt. #, etc.

City & State
Miami Shores

Zip
FL

Country
33168

T. Roberts NOV 28 2005
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida 03/10/1997

5. FEI Number
650739049

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 Eduardo Ovies

000061344150
11/10/05--01041--008 **750.00

Street Address (P.O. Box Number is Not Acceptable) 2307 S. Douglas Road

Suite, Apt. #, Etc. 400

City Miami

State
FL

Zip Code
33145

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 Eduardo E Ovies

Date 11/06/2005

REGISTERED AGENT MUST SIGN

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
DPT	Escobedo, Carlos	162 NW 108 St FL 33168	Miami Shores, FL 33168
DVS	Calmo, Gladis	162 NW 108 St Miami Shores, FL 33168	Miami Shores, FL 33168

600061764106
11/28/05--01073--011 **150.00

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2005
Date

(305) 447-8801
Daytime Phone #