

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

152

FILED

03 MAY -5 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P97000027615**

1. Corporation Name  
**Gagel GP Corp, Inc**

2. Principal Office Address  
**6701 78<sup>th</sup> St. S.**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State  
**Riverview, FL**

City & State

Zip Country Zip Country  
**33569 USA**

4. Date Incorporated or Qualified To Do Business in Florida  
**01/01/1998**

5. FEI Number  
**59-3527361**

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  
**Vincent Ferraro, CPA**

Street Address (P.O. Box Number is Not Acceptable)  
**217 Lithia Pinecrest Rd.**

Suite, Apt. #, Etc.

City State Zip Code  
**Brandon FL 33511**

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 **[Signature]** Date **4/30/03**

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
P	Gagel, Earl R.	1808 Chickasaw Trail	Valrico, FL 33594
V	Gagel, Patricia A	1808 Chickasaw Trail	Valrico, FL 33594

300018021953  
05/05/03--01109--014 \*\*300.00

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]** Date **04-30-03** Daytime Phone # **8136554681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



Certified Public Accountants

April 30, 2003

2/2

Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

RE: Gagel GP Corp, Inc.  
59-3527361

Enclosed you will find the reinstatement form to reinstate the above referenced Corporation along with a check in the amount of \$300.00.

We hereby request an abatement of all penalties due to the fact that the taxpayer had never received the original notice. Your assistance is appreciated.

Sincerely,  
Ferraro, Higginbotham & Hayes, PA

Vincent Ferraro, CPA

VF/rm

enclosure

Registered Investment Advisor