

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P 97000046393**

1. Corporation Name

G.V. SERVICES, CORP.

Principal Place of Business

Mailing Address

10661 Kendall Dr. S. 204
Miami, FL 33176

10661 Kendall Dr.
S. 204
Miami, FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10661 Kendall Dr. S. 204

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33176

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05-23-1997

5. FEI Number

65-0760221

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPT	VEGA, Guillermo	10661 Kendall Dr. S. 204 Miami, FL 33176	Miami, FL 33176

200002968962--5
-08/24/99--01080--005
*******900.00 *****900.00**

PA 8/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Guillermo VEGA
10661 Kendall Dr. S. 204
Miami, FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

(Guillermo VEGA)

REGISTERED AGENT MUST SIGN

Date **08-11-99**

11. This corporation owes 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)

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo VEGA

08-11-99 305 275-0055

Date

Daytime Phone #

CR2E001 (12/98)