

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 15 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000053708

1. Corporation Name

GABRIEL BARRUETA CORPORATION

2. Principal Office Address

4137 WASHINGTON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT MYERS, FL

City & State

Zip

33916

Country

USA

Zip

Country

REINSTATEMENT

99-2000

4. Date Incorporated or Qualified
To Do Business in Florida

06-17-1997

5. FEI Number

65-0769705

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

700003145317--1

Name

GABRIEL BARRUETA

-02/23/00--01104--003

****900.00 ****900.00

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

4137 WASHINGTON AVE

Suite, Apt. #, Etc.

City

FT MYERS

State

FL

Zip Code

33916

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

X Gabriel Barraeta

REGISTERED AGENT MUST SIGN

Date 02-10-00

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
Pres	Gabriel Barraeta	4137 Washington Av	Ft Myers, FL 33916

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:

X Gabriel Barraeta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-10-00

Date

941-9892360

Daytime Phone #

CR2E081 (9/99)