

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000070214**

1. Corporation Name

GINA MARIA TRADING, INC.

2. Principal Office Address

7340 SW 162 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33193

Country

US

3. Mailing Office Address

7340 SW 162 CT

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33193

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1997

5. FEI Number

65-0774251

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

GONZALEZ, CARLOS E

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

14941 SW 82 TER

Suite, Apt. #, Etc.

209

City

Miami

State
FL

Zip Code

33193

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

Carlos E Gonzalez

Date **04-16-01**

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
PD	GONZALEZ, CARLOS E	7340 SW 162 CT	Miami, FL 33193
SD	SUAREZ, NOHORA	7340 SW 162 CT	Miami, FL 33193
TD	GONZALEZ, FRANCISCO	Calle 168 # 25-400F.302	Bogota, Colombia

REINSTATEMENT 00-01 TS

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:

Carlos E Gonzalez CARLOS E GONZALEZ 04/16/01 305-4082497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)