

APPLICATION
FOR



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

FILED

00 OCT 31 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076117

1. Corporation Name

FA-GYB U.S.A., INC.

Principal Place of Business

Mailing Address

4746 N.W. 107TH AVENUE
#1003
MIAMI FL 33178
US

4746 N.W. 107TH AVENUE
#1003
MIAMI FL 33178
US

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

2. New Principal Office Address, If Applicable

4130 N.W. 79 Ave.

3. New Mailing Office Address, If Applicable

NONE

Suite, Apt. #, etc.

APT # 2H.

Suite, Apt. #, etc.

NONE

City & State

MIAMI, FL.

City & State

NONE

Zip

33166

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/02/1997

5. FEI Number

65-0780149

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GOMEZ, NESTOR J	4750 NW 98 PL 4130 NW 79 Ave. # 2H.	MIAMI FL 33178 Miami, FL 33166
D	GOMEZ, TERIBELL	4750 NW 98 PL 4130 N.W. 79 Ave. # 2H	MIAMI FL 33178 MIAMI, FL. 33166
			200003470652-1 -11/20/00--01118--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

GOMEZ, NESTOR J
4750 NW 98 PL
MIAMI FL 33178

9. Name and Address of New Registered Agent

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 607.0506, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date Oct 25/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct 25/00 (305) 463-9900

Daytime Phone #

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4130 N.W. 79 Av. No.2H Miami, Fla. 33166
Tel. 305-463-9900 - Fax 305-477-9038

Miami, October 25th-2000

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

The last September I was sending the documents for renewal the 2000 year, because We never received in the year the application. I was spoke this week with your office and the Lady inform to me, that these documents was return for corrections, but I never received this month, for this reason I send today again the check and the application for my renewal 2000 year.

Thank you very much for your help in this situacion.

Sincerely yours,

**NESTOR GOMEZ
FA-GYB USA.CORP.**