

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 18 P 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000103803**

1. Corporation Name

Gem Realty of South Florida, Inc.

2. Principal Office Address - No P.O. Box #

1921 N.W. 108 Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33172

Country

U.S.A.

Zip

Country

8001702241 18

02/23/10--01003--010 **750.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

12-10-1997

5. FEI Number

65-0801022

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

Jose' R. Espinosa, Jr.

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

1921 N.W. 108 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]

REGISTERED AGENT MUST SIGN

Date

02-19-2010

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	Jose' R. Espinosa, Jr.	1921 N.W. 108 Avenue	Miami, FL 33172

REINSTATEMENT

06-12

10. E-mail Address: **majevicorp@bellsouth.net**

(To be used for future annual report notification)

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. I further certify 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-2010

Date

Daytime Phone #

345-3050627