

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 APR 11 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000002573

1. Corporation Name

G.T.L. STABLE, INC.

Principal Place of Business

C/O GERMAN TORRES-LOZANO
AVENIDA 13 NO. 105-60 SANTAFE DE BOGOTA,
DC8 COLOMBIA SOUTH AMERICA FL 33026

Mailing Address

C/O GERMAN TORRES-LOZANO
AVENIDA 13 NO. 105-60 SANTAFE DE BOGOTA,
DC8 COLOMBIA SOUTH AMERICA FL 33026



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/1998

5. FEI Number

65-0806100

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	City / State / Zip
1	2	3	4
D	TORRES, GERMAN	10850 N.W. 2ND ST, STE 203	PEMBROKE PINES FL 33026
		8850 N.W. 20 STREET	MIAMI, FL 33172
			000003223950--1
			-04/25/00--01108--009
			****900.00 ****900.00
		REINSTATEMENT	9900

8. Name and Address of Current Registered Agent

MORALES, CARLOS
10850 N.W. 2ND STREET
APT 203
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

Name

A. MICHAEL PARR

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

8850 N.W. 20 STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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

Michael Parr
REQUIRED
REGISTERED AGENT MUST SIGN

Date

02/29/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/29/00

CR2E040 (8/99)