

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -4 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048535

1. Corporation Name

GOMEZ HOLDINGS, INC.

2. Principal Office Address

505 S. FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 900

City & State

WEST PALM BEACH, FL

Zip

33401

Country

3. Mailing Office Address

505 S. FLAGLER DRIVE

Suite, Apt. #, etc.

SUITE 900

City & State

WEST PALM BEACH, FL

Zip

33401

Country

4. Date Incorporated or Qualified

To Do Business in Florida 6-01-1998

5. FEI Number

65-0852005

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

GERMAN GOMEZ

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

C/O CALER, DONTEN, LEVINE ET AL, P.A. 505 S. FLAGLER DRIVE

Suite, Apt. #, Etc.

SUITE 900

City

WEST PALM BEACH

State

FL

Zip Code

33401

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

REGISTERED AGENT MUST SIGN

Date

07.22.04

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
D	GERMAN GOMEZ	505 S. FLAGLER DRIVE, STE 900	WEST PALM BEACH, FL 33401

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07.22.04

561-8329292

CR2E081 (01/04)