


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b> 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>pa8000080603</u> 1. Corporation Name <b>GOMON OF AMERICA, INC.</b>			
2. Principal Office Address <b>330 Alesio Ave</b>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State	
Zip <b>33134</b>	Country <b>USA</b>	Zip	Country

FILED  
 02 FEB 12 AM 10:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 -02/26/02--01089--001  
 \*\*\*900.00 \*\*\*900.00

4. Date Incorporated or Qualified To Do Business in Florida <b>9/17/1998</b>	
5. FEI Number <b>65-0863723</b>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <b>MARCELO AGUDO, ESQ</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>2333 PONCE DE LEON BLVD.</b>			
Suite, Apt. #, Etc. <b>PH 1120</b>			
City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33134</b>	

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 \_\_\_\_\_ Date \_\_\_\_\_  
 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
PRESIDENT	HERNAN GONZALEZ	330 ALESIO AVE.	Miami FL 33134
VICE-PRESIDENT	MARCELA GONZALEZ	330 ALESIO AVE.	Miami FL 33134
SECRETARY	BLANCA LUZ MONTOYA	330 ALESIO AVE.	Miami FL 33134
TREASURER	HERNAN GONZALEZ	330 ALESIO AVE.	Miami FL 33134

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: Ana Marcela Gonzalez M Date 02/08/02 vice president  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone

Charter Number Only

2/11/02

Marcelo M. Agudo

Requestor's Name

2333 Ponce de Leon Blvd #1120

Address

Coral Gables, Fl. 33134

City

State

ZIP

Phone

4747A

VALIDATION ONLY

CORPORATION(S) NAME

Gamon of America, Inc.

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DIVISION OF CORPORATION



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Amendment
- Dissolution
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Pick Up
- Merger
- Mark
- Other
- Change of Registered Agent
- Certificate Under Seal
- After 4:30
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier