

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

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CORPORATION
REINSTATEMENT



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

02 APR -5 AM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092076

1. Corporation Name

GONNET CORP.

2. Principal Office Address

1314 E CAPE CORAL PARKWAY

Suite, Apt. #, etc.

203

City & State

CAPE CORAL, FL.

Zip

33904

Country

USA

3. Mailing Office Address

P.O. BOX 101335

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL.

Zip

33910

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/98

5. FEI Number
65-0880745

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 A. SENDRA

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

1314 E CAPE CORAL PARKWAY # 203

Suite, Apt. #, Etc.

203

City

CAPE CORAL

10000548286

05/08/02-01009-022

***150.00 ***150.00

10000548286

05/08/02-01009-023

***150.00 ***150.00

State

FL

Zip Code

33904

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

J.A. Sendra

REGISTERED AGENT MUST SIGN

Date 04/01/02

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
DP	FIORITO, CRISTINA	1314 E CAPE CORAL PKWY #203	CAPE CORAL, FL. 33904
DS	SENDRA, EDUARDO	1314 E CAPE CORAL PKWY #203	CAPE CORAL, FL. 33904

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:

J.A. Sendra J.A. Sendra

03/05/02

Date

(941) 945 6777

Daytime Phone #

CR2E081 (9/01)

Attachment
Document #

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998000092076

GONNET CORP.

1314 E. Cape Coral Pkwy. Suite 203

Cape Coral, Fl. 33904

Tel: (941) 945 6777 Fax: (941) 945 3776

Also P.O. Box 101335 Cape Coral, Fl. 33910

E-mail: firstmiamient@aol.com

March 7, 2002

UNIFORM BUSINESS REPORT

Division of Corporations

P.O. Box 1500

Tallahassee, Fl. 32302-1500

Re: Gonnet Corp. FEI Number: 65-0880745

Gentlemen:

In October 2000 I sent a letter informing you that our address had changed. However, I never received the notice to pay the 2001 UBR fee, and I while I was looking for it online I could see that the corporation was inactive.

Please accept my reinstatement application attached hereto.

I enclosed \$300.00 for both annual fees, 2001 and 2002.

Please waive the reinstatement fee. Since I am an employee here and I would not want to loose my job. I appreciate your time and attention.

Sincerely yours,



Rosario Morales

Assistant

ENCL