

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 23 AM 10:30

DOCUMENT # *P99000D13704*

1. Corporation Name

Gilbert Velez & Associates INC.

2. Principal Office Address

13428 Falcon Pointe Dr.

Suite, Apt. #, etc.

Orlando

City & State

Orlando FL

Zip

32837

Country

USA

3. Mailing Office Address

13428 Falcon Pointe Dr.

Suite, Apt. #, etc.

City & State

Orlando FL

Zip

32837

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

February 11, 1999

5. FEI Number

59-3563118

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

Gilbert Velez

300003784039-5

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

13428 Falcon Pointe Drive

-02/28/01-01005-004

*****900.00 ****900.00*

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

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

Gilbert Velez

Date

2/21/01

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
<i>Pres</i>	<i>Gilbert Velez</i>	<i>13428 Falcon Pointe Dr.</i>	<i>Orlando FL 32837</i>
<i>Treas.</i>	<i>Felicia Velez</i>	<i>13428 Falcon Pointe Dr.</i>	<i>Orlando FL 32837</i>

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:

Gilbert Velez President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/01 407-595-0748
Date Daytime Phone #