

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000070570

1. Corporation Name

GEMINI PARTNERS, INC.

Principal Place of Business

511 NW 104 AVE.
PLANTATION FL 33324

Mailing Address

511 NW 104 AVE.
PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable

4684 NW 103 AVENUE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4684 NW 103 AVE

Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

USA

Zip

33351

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

65-0940998

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STELLA, RENEE	4684 NW 103 AVE	SUNRISE, FL 33351
STD	STELLA, VINCENT R	4684 NW 103 AVE	SUNRISE, FL 33351

8. Name and Address of Current Registered Agent

STORCH, HERBERT F
120 S. UNIVERSITY DR. #F
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Herbert F Storch
REGISTERED AGENT MUST SIGN

Date 10-22-02

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:

Jim Smith
SECRETARY OF STATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCE STELLA

10/22/02 954-572-2900

Date

Daytime Phone #

CR2040 (8/02)