

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

**CORPORATION
REINSTATEMENT**

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 18 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000076883

1. Corporation Name

GACAVA, CORP

000007854770--0

-09/19/02--01087--010

***300.00 ***300.00

2. Principal Office Address

2156 NW 82 AVE

Suite, Apt. #, etc.

3. Mailing Office Address

2156 NW 82 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1999

5. FEI Number

65-0946980

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

JUAN PABLO LLANO

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

2156 NW 82 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

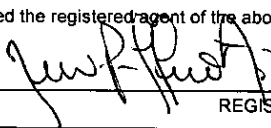
State
FL

Zip Code

33122

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 9/10/02

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
PD	JUAN PABLO LLANO	2156 NW 82 AVE	MIAMI, FL 33122

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:



JUAN PABLO LLANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/02

Date

305448-3898

Daytime Phone #

9/15/02