FOR REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 2000 8:00 am
Secretary of State
05-13-2000 90031 048 ***150.00

DOCUMENT # P99000093241

1. Corporation Name
GONCALVES SERVICES, CORP

Principal Place of Business	Mailing Address
8TH S.E. 2ND AVE STE 604 MIAMI, FL 33131	8TH S.E. 2ND AVE STE 604 MIAMI, FL 33131

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
15276 S.W. 104 ST	15276 S.W. 104 ST
Suite, Apt. #, etc.: 826	Suite, Apt. #, etc.: 826
City & State: MIAMI, FLORIDA.	City & State: MIAMI, FLORIDA
Zip: 33196 Country: DADE.	Zip: 33196 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3690933

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee for a Certificate of...

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P-D	LEONARDO GONCALVES	15276 S.W. 104 ST #826	MIAMI, FL 33196
VP-D	ELISETE GONCALVES	15276 S.W. 104 ST #826	MIAMI, FL 33196
S-D	BRUNO GONCALVES	15276 S.W. 104 ST #826	MIAMI, FL 33196
T-D	MICHELE GONCALVES.	15276 S.W. 104 ST #826	MIAMI, FL 33196

8. Name and Address of Current Registered Agent

LEONARDO GONCALVES
8TH S.E. 2ND AVE STE 604
MIAMI, FL 33131

9. Name and Address of New Registered Agent

Name: LEONARDO GONCALVES
Street Address (P.O. Box Number is Not Acceptable): 15276 SW 104 ST
Suite, Apt. #, Etc.: 826
City: MIAMI State: FL Zip Code: 33196

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.

Signature of Registered Agent: _____ Date: 04-27-00
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: _____ 04-27-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #