PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~
~~REINSTATEMENT~~

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

2001 WBC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000093241

1. Corporation Name

GONCALVES SERVICES, CORP

2. Principal Office Address	3. Mailing Office Address
10720 SW 113 PL	10720 SW 113 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33176 Country: DADE.	Zip: 33176 Country: DADE.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3690933 ☐ 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: LEONARDO GONCALVES

Street Address (P.O. Box Number is Not Acceptable): 10720 SW 113 PL

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33176.

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 _____ Date 4-12-01

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
PD	GONCALVES, LEONARDO	10720 SW 113 PL	MIAMI, FL 33176
VPD	GONCALVES, ELISETE	10720 SW 113 PL	MIAMI, FL 33176
SD	GONCALVES, BRUNO	10720 SW 113PL	MIAMI, FL 33176
TD	GONCALVES, MICHELE.	10720 SW 113 PL	MIAMI, FL 33176.
			SP

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: _____ 4-12-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

P99000093211

Division of Corporations

P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of $300.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **GONCALVES SERVICES, CORP.** Thank you for your courtesy in this matter.

Leonardo Goncalves
President