

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
TALLAHASSEE, FLORIDA

01 MAY 17 PM 1:43

DOCUMENT # **P99000093241**

1. Corporation Name

GONCALVES SERVICES, CORP

700004416797--4

-06/13/01--01008--020

******158.75 ****158.75**

2. Principal Office Address

10720 SW 113 PL

3. Mailing Office Address

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 113 PL	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)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-01

Division of Corporations

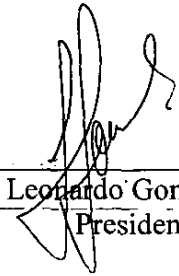
P.O. BOX 6327
Tallahassee, FL 32314

Attachment

P99000093211

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