

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**01-02 UBR**

FILED  
CLERK OF COURT  
DIVISION OF CORPORATIONS

02 FEB 25 PM 9:05

DOCUMENT # **S14759**

1. Corporation Name

**GAMA SUPPLIERS INC**

2. Principal Office Address

**5580 SW 162 AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

**SAME**

Suite, Apt. #, etc.

City & State

**S.W. RANCHES**

City & State

**FLORIDA**

Zip

**33331**

Country

**USA**

Zip

Country

**400005049464--E**

**-03/06/02--01022--014**

**\*\*\*\*150.00 \*\*\*\*150.00**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**65-0231631**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**GUSTAVO A MARTINEZ**

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

**5580 SW 162 AVE**

Suite, Apt. #, Etc.

City

**SW RANCHES**

**1**

State

**FL**

Zip Code

**33331**

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

**Gustavo A Martinez**

Date

**12-14-01**

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
<b>PRES</b>	<b>GUSTAVO A MARTINEZ</b>	<b>5580 SW 162 AVE</b>	<b>SW RANCHES FL 33331</b>

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:

**Gustavo A Martinez**

**GUSTAVO A MARTINEZ**

**12-14-01**

Date

Daytime Phone #

**954 680 5236**

CR20081 (9/00)

2062

Gama Suppliers, Inc.

5580 S.W 162nd Avenue  
Southwest Ranches, FL 33331  
(954) 680-5236 Fax: (954) 680-5547  
E-mail address: GAMAINC@Hotmail.com

January 18, 2002

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Florida Department of State  
Tallahassee, Florida 32314

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Dear Sir:

In reference to your recent letter please be advised that due to the circumstances of the moving of the office to our present location WE DID NOT RECEIVE the original UBR which was sent to our old address. We have been filing for the past 10 years so there is no reason to dont file if had receive it.

Your understanding and cooperation will be greatly appreciated.

GAMA SUPPLIERS, INC.



Leonor Martinez  
Secretary

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