

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846170

1. Corporation Name

Gami Construction, Inc.

Principal Place of Business

Mailing Address

6861 W. 30 CT
Hialeah, FL 33016

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

April 12, 1991

5. FEI Number

105-0262935

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

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	Tomas O. Gamiz	6861 W. 30 th CT	Hialeah, FL 33016
V-P	Orlando Gamiz	6861 W. 30 th CT	Hialeah, FL 33016
S	Marcela D. Gamiz	6861 W. 30 th CT	Hialeah, FL 33016

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Tomas O. Gamiz
6861 W. 30 CT
Hialeah, FL 33016

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

T Gamiz

REGISTERED AGENT MUST SIGN

Date Feb, 3 1998

11. This corporation owes or has paid 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:

T Gamiz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 3, 1998

Date

Daytime Phone #

CR-1040 (1-98)