

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAR -2 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 565651

1. Corporation Name

Gemini Investment and
Management Corp.

2. Principal Office Address

104 Crandon Blvd

Suite, Apt. #, etc.

#308

City & State

Key Biscayne FL

Zip

33149

Country

USA

3. Mailing Office Address

104 Crandon Blvd

Suite, Apt. #, etc.

#308

City & State

Key Biscayne FL

Zip

33149

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

7/12/1991

5. FEI Number

65.275090

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

Silvio Martinez

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

104 Crandon Blvd

Suite, Apt. #, Etc.

308

City

Key Biscayne

State

FL

Zip Code

33149

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

[Signature]

Date

3/1/05

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
D/P/S	<u>Silvio Martinez</u>	<u>104 Crandon Blvd #308</u>	<u>Key Biscayne FL 33149</u>
D/V	<u>Braulio Gutierrez</u>	<u>2921 NW 6 Ave</u>	<u>Miami FL 33127</u>

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:

Silvio Martinez 3/1/05 (305) 361-1039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)