

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 20 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S71101

1. Corporation Name

GIMPEX CORP.

Principal Place of Business

Mailing Address

1553-G-SUNSET DR
P.O. BOX 330663/33283-0663
CORAL GABLES FL 33143
US

1553-G-SUNSET RD
P.O. BOX 330663/33283-0663
CORAL GABLES FL 33143
US

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
CORAL GABLES FL

City & State
CORAL GABLES, FL

Zip
33143

Country
US

Zip
33143

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1991

5. FEI Number

65-0284956

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
PD	CLERIE, M. JOHANNE BAKER	6947 S.W. 115TH PL E.	MIAMI FL 33173
VD	CLERIE, PATRICK R	6947 S.W. 115TH PL #E	MIAMI FL 33173

REINSTATEMENT

98

13-11/24/98

400002699224--4
-12/01/98--01070--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CLERIE, PATRICK R.
6947 SW 115 PL E
MIAMI FL 33173

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Patrick R. Clerie

REQUIRED

REGISTERED AGENT MUST SIGN

Date

Nov 11, 98

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:

Patrick R. Clerie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 11, 98 (305) 6619440
Date Daytime Phone #