

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 21 PM 2:36

DOCUMENT # **S71101**

1. Corporation Name

GIMPEX CORP.

Principal Place of Business

1575 SUNSET ROAD
CORAL GABLES FL 33143
US

Mailing Address

1575 SUNSET ROAD
CORAL GABLES FL 33143
US



200023978572
10/21/03--01090--030 **150.00

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/06/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0284956

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CLERIE, M. JOHANNE BAKER	6947 S.W. 115TH PL. E.	MIAMI FL
VD	CLERIE, PATRICK R	6947 S.W. 115TH PL #E	MIAMI FL

REINSTATEMENT

03

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. or 617.0505, F.S.

Signature of
Registered Agent

Patrick R. Clerie

REGISTERED AGENT MUST SIGN

Date

Oct 16 2003

11. 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

Date

Oct 16, 2003

Daytime Phone #

305-668-9442

CR2E040 (7/03)

Gimpex Corp.

1575 Sunset Road Coral Gables, FL 33143 (305) 668 9440

2/2

October 16, 2003

DEPARTMENT OF STATE
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314-6327

RE: UBR # s71101

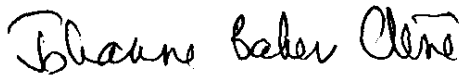
Dear Madam:

Enclosed please find the Re-instatement application with our payment.

We just received the Notice of Administrative dissolution, but have not received any notices

I checked to see if we had changed the address on the last Uniform Business Report, but the address is still the same.

Sincerely,



Johanne Baker Clerie
President

Encl: Application
Check # 7451