

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S80207**

1. Corporation Name

GABRIEL G. MUSSINI, INC.

Principal Place of Business

~~915 N.W. 1ST ST #2509~~
~~MIAMI FL 33136~~

Mailing Address

~~915 N.W. 1ST ST #2509~~
~~MIAMI FL 33136~~

SAME

3191 CORAL WAY SUITE 605
MIAMI, FL 33145

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

09/13/1991

5. FEI Number

65-0290348

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	MUSSINI, GABRIEL G.	915 N.W. 1ST #H2509 2660 S.W. 37th AVE PH 6	MIAMI FL
V	QUINTERO, JORGE	915 N.W. 1ST #H2509 SAME	MIAMI FL
			300002350339-5 -11718797-01042-022 ****758.75 ****758.75
			REINSTATEMENT '97
			SEC 11-12-97

8. Name and Address of Current Registered Agent

MUSSINI, GABRIEL G.

915 N.W. 1ST

H2509

MIAMI FL 33136

2660 S.W. 37th Ave
PH 6

MIAMI, FL 33133

9. Name and Address of New Registered Agent

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-10-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

11-10-97

Date

(305) 447-1642
Daytime Phone #

CP2ED040 (8/97)