

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 10 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 585611

1. Corporation Name

GIGAL, INC

650 West Ave. Apt. 1710

Miami Beach, Fl 33139

Ph: 786-276-4020 Fax: 786-276-7534

400027655494

02/09/04--01036--013 **141.50

2. Principal Office Address

650 WEST AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

APT 1710

Suite, Apt. #, etc.

SAME

City & State

MIAMI BEACH

City & State

FLORIDA

Zip

33139

Country

FLORIDA

Zip

33139

Country

FLORIDA

400027655494

01/27/04--01019--017 **758.50

4. Date Incorporated or Qualified
To Do Business in Florida

10/4/91

5. FEI Number

65-0286254

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

TESTA PIERGIORGIO

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

650 WEST AVENUE

Suite, Apt. #, Etc.

SUITE 1710

City

MIAMI BEACH

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date 1/15/03

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

PIERGIORGIO TESTA

650 West Ave. Apt

Miami Beach, 33139

PIERGIORGIO TESTA

650 West Ave. Apt. 1710

Miami Beach, Fl 33139

PIERGIORGIO TESTA

650 West Ave. Apt. 1710

Miami Beach, Fl 33139

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PIERGIORGIO TESTA

650 West Ave. Apt. 1710

Miami Beach, Fl 33139

Date

1/15/03

Daytime Phone #

CR2E081 (10/02)