

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 19 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V16744

1. Corporation Name

GUNPAR CORPORATION

2. Principal Office Address - No P.O. Box #

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 501

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

3. Mailing Office Address

901 PONCE DE LEON BLVD.

Suite, Apt. #, etc.

SUITE 501

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

100172648951

03/19/10--01040--001 **3000.00

REINSTATEMENT 95-10

4. Date Incorporated or Qualified
To Do Business in Florida 02/25/1992

5. FEI Number
65-0324041

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

FERNANDO R RODRIGUEZ

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

901 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 501

City

CORAL GABLES

State

FL

Zip Code

33134

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Fernando R Rodriguez
REGISTERED AGENT MUST SIGN

Date 3/15/10

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	PETER GUNCZLER	901 Ponce de Leon Blvd. Ste 501	Coral Gables, FL 33134
D	JEANNETTE GUNCZLER	901 Ponce de Leon Blvd. Ste 501	Coral Gables, FL 33134

10. E-mail Address: irirodcpa@yahoo.com

(To be used for future annual report notification)

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. I further certify 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:

Peter Gunczler

Peter Gunczler

3/15/2010

305-933-4158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/10