

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV 29 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V38482  
1. Corporation Name GIL'S INTERIORS UPHOLSTERY, INC

Principal Place of Business Mailing Address  
1229 NW 29 ST MIAMI, FL 33142  
MIAMI, FL 33142

REINSTATEMENT 95 CP

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 <u>5/22/92</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0335534</u>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>SA 75. Address of foreign corporation or individual</small>	

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
UP.	OSMANI GIL	1229 NW 29 ST	MIAMI, FL 33142
S.	NERIDA GIL	1229 NW 29 ST	MIAMI, FL 33142
P.	JESUS GIL	1229 NW 29 ST	MIAMI, FL 33142
			400003064734--7 -12/08/99--01072--014 ***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
OSMANI GIL  
Street Address (P.O. Box Number is Not Acceptable)  
1229 NW 29 ST  
Suite, Apt. #, Etc.  
City MIAMI State FL Zip Code 33142

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 X Osman Gil  
REGISTERED AGENT MUST SIGN

Date 11-24-99

11. This corporation owes 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: José Luis Perdomo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-99 (305) 635-6760  
Date Daytime Phone #

KE