RLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 02 MAY -1 AM 9: 56
DOCUMENT # 5290 1. Corporation Name	78	SECRETARY OF STATE TALLAHASSEE, FLORIDA
GN Proper	ties, Inc.	
		2000055090326 -05/14/0201045017
2. Principal Office Address 1200 Brickell Ave.	3. Mailing Office Address 1200 Brickell Ave	
Suite, Apt. #, etc. Suite 1440	Suite, Apt. #, etc. 501+6 1440	4. Date Incorporated or Qualified To Do Business in Florida 3/2//77
Miami FL	Miaui FC	5. FEI Number Applied For 59 - 1719502 Not Applicable
33131 Country 1.1.5A	Zip 33131 Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		
Name Manuel Pamirez, Jr. Street Address (P.O. Box Number is Not Acceptable) Avenue Suite, Apt. #, Etc.' Suite 1440 City 11:011 F1 State Zin Code Zin Code		
MIUMI,		FL 33/3/
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		
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
P Luis J. Ech	arte 1200 Bricke	WALL MICHIEFE 33131
T Wendy S. Ga	ntuain 1290 Bricks	Miani Ft 33131
· ·	<u> </u>	
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 filling 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: 3 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #		
Wendy Gantwarg, Treasurer		

-16/12

CASTRO & RAMIREZ, P.A. 1200 BRICKELL AVENUE, SUITE 1440 MIAMI, FLORIDA 33131 (305)372-2800 Fax: (305)372-9632

April 29, 2002

VIA FEDERAL EXPRESS

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: GN PROPERTIES, INC.

Dear Sir or Madam:

Enclosed herewith please find our application for reinstatement for the above referenced corporation along with their check in the amount of \$450.00. Please note that my clients did not receive the 2000 and 2001 UBRs and therefore, they would respectfully request that you waive the penalty assessed.

Thank you very much for your cooperation in this matter.

IANUEL A. RANIREZ

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