

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

00 OCT 30 AM 8:22

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # F97000005286

1. Corporation Name

GOLD CONTAINER CORPORATION

Principal Place of Business

801 DOUGLAS AVENUE.. STE 207 ALTAMONTE SPRINGS FL 32714

Mailing Address

801 DOUGLAS AVENUE.. STE 207 ALTAMONTE SPRINGS FL 32714



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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Created To Do Business in Florida 10/08/1997

5. FEI Number

13-3862348

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include WALEWSKI, ALEXANDRE; WALEWSKI, FABRICE; POSTEL-VINAY, ANTOINE; WALEWSKI, RAPHAEL; KESTELOOT, FERNAND; JACKSON, E RAY.

8. Name and Address of Current Registered Agent

WEBER, TOM 2137 JACKSONVILLE ST. FT. MYERS FL 33931

9. Name and Address of New Registered Agent

Name: REINSTATEMENT; Street Address: 801 Douglas Ave., Suite 207; City: Altamonte Springs, FL 32714; State: FL; Zip Code: 32714

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 REQUIRED REGISTERED AGENT MUST SIGN

Date

10-18-2000

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 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

E. RAY JACKSON

Date

10/18/00

Daytime Phone #

407-774-5551