

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY -4 AM 9:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT #

DOCUMENT # L14836

1. Corporation Name

GADCO KISSIMEE 200, INC.
 1048 Kane Concourse, Suite 2B
 Bay Harbor, Florida 33154

Principal Place of Business

Mailing Address

W98-8695

000002513830--6
 -05/06/98--01096--003
 ***1050.00 ***1050.00

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

9/07/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0149351

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	GADINSKY, MARILYN	1048 Kane Concourse, Suite 2B Bay Harbor, Florida 33154	
P/D	GADINSKY, MARTIN	1048 Kane Concourse, #2B Bay Harbor, Florida 33154	REINSTATEMENT 96-98
S/D	GADINSKY, SETH	1048 Kane Concourse, Suite 2B Bay Harbor, Florida 33154	5-5-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Les Evans
 Leslie Evans, P.A.
 375 South County Road, Suite 218
 Palm Beach, Florida 33480

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code

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

Leslie Evans
 REGISTERED AGENT MUST SIGN

Date 4/28/98

11. This corporation owes or has paid 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: SETH GADINSKY SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/98

Date

(305) 868-1100

Daytime Phone #

CR2E040 (1/98)