

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 NOV -6 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000001599

1. Corporation Name
GOPI OF FLORIDA, INC.

2. Principal Office Address 4425 NW BLIGHTON RD Suite, Apt. #, etc. SUITE B1 City & State OCALA, FL Zip 34482 Country USA		3. Mailing Office Address 4425 NW BLIGHTON RD Suite, Apt. #, etc. SUITE B1 City & State OCALA, FL Zip 34482 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 12-29-2000

5. FEI Number 593701331
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 ATUL PATEL 300024489983
Street Address (P.O. Box Number is Not Acceptable) 4097 ALESBURY DR. 11/06/03 01068 001 **15.00
Suite, Apt. #, Etc.
City JACKSONVILLE State FL Zip Code 32224

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 *[Signature]* Date 11-3-03
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	VISAY PATEL	10823 WAHINE DR.	JACKSONVILLE, FL 32246
S	BHADRESH MOTIWALA	8019 SABLE CREEK DR.	JACKSONVILLE, FL 32244
S	ATUL PATEL	4097 ALESBURY DR.	JACKSONVILLE, FL 32224
VP	VISPY KAPADIA	1197 BENTLEY RD #2	LEESBURG, FL 34748
S	MEHER N. NOBLES	1197 BENTLEY RD #3	LEESBURG, FL 34748

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 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]* Atul D. PATEL 11-3-03 904-737-3200 x284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

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November 3, 2003

From: Gopi of Florida, Inc.
D/B/A Liquors at the Marketplace
4425 NW Blichton Rd.
Suite # B1
Ocala, FL 34482

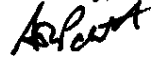
To: Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Ref: Document # P01000001599

Dear Sir or Madam:

Please accept this application for renewal of the above referenced corporation. I did not receive the annual renewal form in the mail. Please let me know if the address you have is different from the above address. I did not receive the first or the second notice. I have enclosed a check for \$150.00 for the reinstatement of this corporation.

Sincerely,



Atul D. Patel