

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

0409.142784

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**CORPORATION REINSTATEMENT
GNOME HOLDINGS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,500.00

[Handwritten scribble]

H11000034845 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000083830			
1. Corporation Name Gnome Holdings, Inc.			
2. Principal Office Address - No P.O. Box # 19495 Biscayne Boulevard <small>Suite, Apt. #, etc.</small> Suite 809 <small>City & State</small> Aventura, FL <small>Zip</small> 33180		3. Mailing Office Address 18495 Biscayne Boulevard <small>Suite, Apt. #, etc.</small> Suite 809 <small>City & State</small> Aventura, FL <small>Zip</small> 33180	
<small>Country</small> USA		<small>Country</small> USA	
4. Date Incorporated or Qualified To Do Business in Florida 08/2/2002			
5. FID Number 22-3860941			
6. CERTIFICATE OF STATUS DEFERRED <input type="checkbox"/>			
7. Name and Address of Current Registered Agent <small>Name</small> NRAI Services, Inc. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 515 East Park Avenue <small>Suite, Apt. #, etc.</small> <small>City</small> Tallahassee			
<small>State</small> FL		<small>Zip Code</small> 32301	
8. I have appointed the undersigned agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503 F.S. <small>Signature of Registered Agent</small>  Michele Holden, Asst. Secretary.			
<small>DATE</small> 02/09/11 <small>REGISTERED AGENT MUST SIGN</small>			
9. Names and Street Addresses of all Officers and Directors (Florida nonprofit corporations must list at least 3 directors)			
<small>Name</small>	<small>Name of Officers and/or Directors</small>	<small>Street Address of Each Officer and/or Director</small>	<small>City / State / Zip</small>
DPST	Eric Assimakopoulos	19495 Biscayne Boulevard, Suite 809	Aventura, Florida 33180
REINSTATEMENT 2006-10			S. HAWKES JAN 9 2011 EXAMINER
10. E-mail Address: ena@bl/rost.sk			
<small>(To be used for future annual report submission)</small>			
11. I certify that I am an officer or director of the receiver of Justice empowered to accept this application as provided for in chapter 607 or 617, F.S. I understand that when this reinstatement application, the reason for delinquency has been eliminated, the corporate agent satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 617.165, F.S.			
SIGNATURE: 		<small>Date</small> 2/9/11 (2011) 931-2225	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER</small>			

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CR20021 (11/10)

08/2/2002

22-3860941

CERTIFICATE OF STATUS DEFERRED

10. E-mail Address: ena@bl/rost.sk

11. I certify that I am an officer or director of the receiver of Justice empowered to accept this application as provided for in chapter 607 or 617, F.S. I understand that when this reinstatement application, the reason for delinquency has been eliminated, the corporate agent satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a 617.165, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER

2/9/11 (2011) 931-2225