

**2004 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 20, 2004  
Secretary of State**

DOCUMENT# P03000040992

Entity Name: GAIL CLARKE ENTERPRISES, INC.

**Current Principal Place of Business:**

5331 NORTHWEST 189TH STREET  
OPA LOCKA, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

5331 NORTHWEST 189TH STREET  
OPA LOCKA, FL 33055

**New Mailing Address:**

FEI Number: 37-1466148      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SINAGRA, FRANK J ESQ.  
ONE FINANCIAL PLAZA  
SUITE 1900  
FORT LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CLARKE, GAIL M  
Address: 5331 NORTHWEST 189TH STREET  
City-St-Zip: OPA LOCKA, FL 33055

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CLARKE, GAIL M  
Address: 5331 NORTHWEST 189TH STREET  
City-St-Zip: OPA LOCKA, FL 33055 US

Title: D ( ) Change (X) Addition  
Name: PROSPECT, ANTONIO K  
Address: 6625 WINFIELD BOULEVARD, #107  
City-St-Zip: MARGATE, FL 33063 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: G \_\_\_\_\_

Electronic Signature of Signing Officer or Director

D \_\_\_\_\_

10/20/2004

\_\_\_\_\_ Date