


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000072986

1. Entity Name
GAPSS, INC.



FILED
04 NOV 19 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 3737 DOMESTIC AVE. #4 NAPLES, FL 34104 US	Mailing Address 3737 DOMESTIC AVE. #4 NAPLES, FL 34104 US
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[Handwritten Signature]

2. Principal Place of Business 335 Sailfish Ct.	3. Mailing Address P.O. BOX 512077
Suite, Apt. #, etc.	Suite, Apt. #, etc.



REINSTATEMENT
10/21/2004 REIN-FL CR2E098(6/04) *04*

City & State Punta Gorda, FL	City & State Punta Gorda, FL	4. FEI Number 65-0448662	Applied For <input type="checkbox"/> Not Applicable
Zip 33982	Country Charlotte	Zip 33951-2077	Country Charlotte

6. Name and Address of Current Registered Agent

MORRIS, ROBERT S
335 SAILFISH CT.
PUNTA GORDA, FL 33982

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MORRIS, ROBERT S. 335 SAILFISH COURT PUNTA GORDA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP Zip 33982 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GARDNER, MICHAEL 5801 CRYSTAL LAKE LN #102 N. FORT MYERS, FL 33917 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900042898169 11/19/04--01038--001 **750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GARDNER, GARY 15512 ORANGEADE DR PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BENDITT, FRANK 6982 BARBOUR RD. WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE: *[Signature]* Pres. **Robert S. Morris** Date **11/17/04** 239 253-5769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR, PRESIDENT, SECRETARY, OR TRUSTEE. Daytime Phone #