

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR *reinstatement*  
REINSTATEMENT



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

APPROVED  
AND  
FILED

1997 APR -3 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038066

1. Corporation Name

Gain Industries, Inc.

Principal Place of Business Mailing Address

12180-28th Street North  
St. Petersburg, FL 33716

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5/20/94	
City & State		City & State		5. FEI Number	
Zip		Country		59-3244590	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	Rebecca W. Drew	8069-27th Avenue North	St. Petersburg, FL 33710

REINSTATEMENT *reinstatement 4/13/97*

8. Name and Address of Current Registered Agent

Jack E. Campbell  
13723 Feather Sound Circle East #208  
Clearwater, FL 34622

9. Name and Address of New Registered Agent

Name  
Robert D. Carreiro  
Street Address (P.O. Box Number is Not Acceptable)  
3137-49th Street North  
Suite, Apt. #, Etc.  
City  
St. Petersburg,  
State  
FL  
Zip Code  
33710

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

*Robert D. Carreiro*  
REGISTERED AGENT MUST SIGN

Date 4/2/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Rebecca W. Drew*  
REBECCA W. DREW

Date

4-2-97

Daytime Phone #

813/572-8350

CR2E040 (12/96)