

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Flood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 OCT 13 AM 8:00

DOCUMENT # **P99000095336**

1. Corporation Name

GORIS GROUP CO.

Principal Place of Business

Mailing Address

240 CRANDON BLVD
 117
 KEY BISCAYNE FL 33149

240 CRANDON BLVD
 117
 KEY BISCAYNE FL 33149

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

10/29/1999

5. FEI Number

65-0958575

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
PSD	GORIS, JOSE M	181 CRANDON BLVD #105	KEY BISCAYNE FL 33149
VTD	GORIS, VIVIANA I	181 CRANDON BLVD #105	KEY BISCAYNE FL 33149
			400023764794 10/13/03--01094--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GORIS, JOSE M
 240 CARNDON BLVD
 SUITE 117
 KEY BISCAYNE FL 33149

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE *Jose M Goris*

Date

10/9/2003

REGISTERED AGENT MUST SIGN

11. 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 *Jose M Goris*

Date

Daytime Phone #

10/9/2003

305 361 5252
 305 361 5252

CR2E040 (7/03)



October 9, 2003

Florida Department Of State
Division Of Corporations

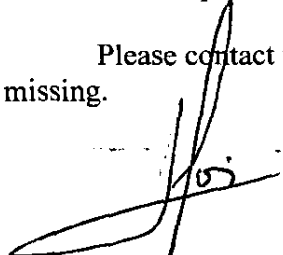
To whom it may concern,

Our company has been operating with no filing problems since Oct. 29, 1999 and we were very surprised to receive a notice of administrative dissolution today.

As we read the important facts appearing on the notice you sent us, we realized that we never received any of the two prior uniform business report. That is why we failed to send you the forms you required.

Therefore we request you to waive the reinstate fee. We are sending \$150 for the fee to file the report.

Please contact us if there is any problem with this form or any other filing that is missing.


Yours sincerely,

José Goris
President
Goris Group Co.