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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 02 FEB 13 PH 3: 59 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS BECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # 20 96 // 1. Corporation Name GIM TErrazzo, Lo. 2. Principal Office Address 3. Mailing Office Address 17132 Alico Center Rd Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Not Applicable Country \$8.75 Additional Fee required for a Certificate of Status 33412 7. Name and Address of Current Registered Agent **100005026401**---02/28/02--01026-030 errance Street Address (P.O. Box Number is Not Acceptable) ****150.00 ***** 50.00 Suite, Apt. #, Etc. # Zip Code City 33912 eve named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Date 1-28.02 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of City / State / Zip Titles Officers and/or Directors VP 17132 Alico Center Rd #1 Fort Myers FL 33912 100005026401 ****150.00 ****150.00 10. 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 filling 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 shall have the same legal effect as if made under oath. on this application is true and accurate, and my signature SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR