SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

	UNIFORM BUS		RT (UBI	3)	1X2
DOÇU	002945			W 2	
1. Entity Name GNOLHCS, INC.				*	FILED
	·		,		01 JAN -9 AM 8:51
Principal Place of Business 250 AUSTRALIAN AVENUE SOUTH, SUITE 1003 WEST PALM BEACH FL 33401		Mailing Address 250 Australian Avenue South, Suite 1003 West Palm Beach FL 33401-5014			SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE ``
City & State		City & State			4. FEI Number APPLIED FOR Applied For
Zip Country		Zip Country		•	Not Applicable 5 Capital Paging State 1
			-		Fee Required
•	6. Name and Address of Curre	nt Registered Agent 💷 😕	Name		7. Name and Address of New Registered Agent
SCH	LESINGER, ADAM			Address (P.O. Box Number is Not Acceptable)	
250 AUSTRALIAN AVENUE SOUTH, S WEST PALM BEACH FL 33401		SUITE 1003	0.100171	Acceptable)	
WES	I PALM BEACH PL 33401	•			
			City		FL Zip Code
8. The above	named entity submits this statement	for the purpose of changing its	registered office or	register	red agent, or both, in the State of Florida.
CIONIATURE					. •
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE	: Registered Agent signatu	re requirea	o when reinstating) — DATE
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! After MAY :1: 2000 Make Check Payable			II FEE IS \$150.0 00 Fee will be \$5 ie to Department	50.00 🖫	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.		ID DIRECTORS	12.	61-474380	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	DPST SCHLESINGER, ADAM	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	250 AUSTRALIAN AVENUE SC WEST PALM BEACH FL 33401	•, •	: NAME STREET ADDRESS CITY-ST-ZIP		7000031706271 03/15/00-01029-001
TITLE		☐ Delete	TITLE		***2078.75 *****150.00
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete —	TITLE		Change Addition
NAME STREET ADDRESS			NAME Street Address		j
CITY-ST-ZIP	•		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	•		NAME Street Address		
CITY-ST-ZIP		•	CITY-ST-ZIP		
TITLE NAME .		☐ Delete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY-ST-ZIP		ं वर्षेत्र है
TITLE NAME		☐ Defete	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
indicated of the cor	on this report or supplemental report	is true and accurate and that my powered to execute this report a	y signature shall ha	ve the s	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director if, Florida Statutes; and that my name appears in Block 10 Florida St

Date

Daytime Phone #

20F2

40 Randall Avenue, Freeport, NY 11520 Tel: (516) 223-8833 Fax: (516) 223-8828

Oct 12,2000

Florida Department of State Division of Corporations Registration/Qualification Section P.O. Box 6327 Tallahassee, FL 32314

Re: GNOLHCS Inc. #F99000002945

Dear Sir or Madam:

We have received a notice of Administrative Dissolution or Revocation for failure to file the annual report for the above referenced entity. Please be advised however that we did in fact file this report. Our records indicate the following:

- On March 15,2000 your office issued a letter stating that you received our fee and were returning the form to us for a federal ID#.
- On April 14,2000 we returned the form to you with the federal ID# completed.
- In August we received a second notice to file our annual report. We sent this back to your office indicating that the return was previously filed and we included copies of the original signed form as well as your March Letter acknowledging that you had received our payment.

Please research this matter and reinstate this entity.

Thank you for your attention to this matter.

Very truly yours,

Susan Hlavenka Accounting Manager