PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 98 FEB -4 PM 2: 46 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name GIC LIQUIDATING CORPORATION Principal Place of Business Mailing Address 1510 SE 17TH STREET CAUSEWAY 1510 SE 17TH STREET CAUSEWAY FT. LAUDERDALE FL 00076-1718 FT. LAUDERDALE FL 90076-1716 IJŝ REINSTATEMENT97 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 Malling Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida 08/29/1984 Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-2448516 City & State City & State Not Applicable \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / Zip BARASH, ERIC J. PD 1510 S.E. 17TH ST., STE. 300 FT. LAUDERDALE FL 33316 DENGATE, DANIEL R. 1510 SE 17TH ST., STE. 300 FT. LAUDERDALE FL 900002424289----02/06/98--01128--020 ****908.75 ****908.75 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Barash, Eric J 10 land 1510 SE 17TH STREET CAUSEWAY Third Avenue FT. LAUDERDALE FL 33316-7716 Zip Code 10. I, being appointed the registered agent of the above named corporation, am (aprillar with and accept the obligations of Section 607.0505, F.S Signature of Registered Agent REGISTERED AGENT MUST SIGN

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.

Yes

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

954-463-4400

(See other side for Information on intangible tax.)