PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR**



FLORIDA DEPARTMENT OF STATE

Jim Smith

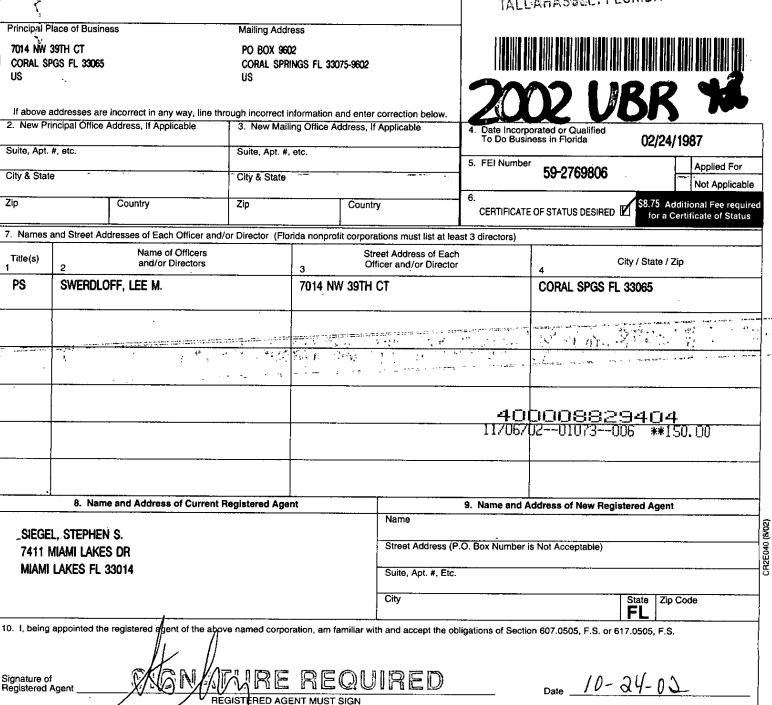
Secretary of State **DIVISION OF CORPORATIONS**

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1. Corporation Name

SIGNATURE:

GREAT AMERICAN SERVICE INDUSTRIES, INC.



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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

02 NOV -6 PM 3: 47

OLORETARY OF STATE TALLAHASSEE, FLORIDA

Great American Service Industries. Inc.



Phone 954-290-1556 Fax 954-753-3727

October 30, 2002

Floida Dept of State
Division of Corporations / Reinstatement Section
PO Box 6327
Tallahassee FL 32314-6327

To Whom It May Concern:

Please be advised that we have not dissolved our corporation, and we wish to have the company reinstated to active status.

The necessary forms to apply for annual status were **most certainly never received** by our company. Neither the first nor the second notices were received, perhaps the post office delivered them to the wrong mailbox. We would appreciate if you waive the penalty for late filling as current laws allow. Enclosed is company check for \$ 150.00.

Thanking you in advance for your help in this matter.

Yours Truly,

Lee M Swerdloff

President

Great American Service Ind. Inc.