


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 APR -1 PM 3: 09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K41086			
1. Entity Name G.D.N.P. MORTGAGE CORPORATION			
Principal Place of Business % NELSON MARTINEZ 871 5TH STREET S.W. NAPLES, FL 33964		Mailing Address % NELSON MARTINEZ 871 5TH STREET S.W. NAPLES, FL 33964	
2. Principal Place of Business 871 5th St. SW NAPLES FLA.		3. Mailing Address 871 5th St. SW NAPLES FLA.	
City & State FLA		City & State FLA	
Zip 34117-2288		Country USA	
4. FEI Number 65-0120220		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MARTINEZ, NELSON 871 5TH STREET S.W. NAPLES, FL 33964 34117-2288		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Nelson Martinez</i> DATE: 3/31/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MARTINEZ, NELSON 871 5TH STREET S.W. NAPLES, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600050693506 04/14/05--01010--005 ***300.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Nelson Martinez</i> DATE: 3/31/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

TO WHOM IT MAY CONCERN:

THIS IS TO CONFIRM THAT I NEVER RECEIVED THE corporate Annual Returns for 2004 or 2005 for the following corporations:

BABY BROTHERS CORPORATION

G.D.N.P. MORTGAGE CORPORATION

This is to advise you that it appears that the zip code is incorrect in both of the corporations. I am enclosing a copy of my driver's license to prove the correct zip code.

Thank you,

A handwritten signature in cursive script, reading "Nelson Martinez", is written over a horizontal line.