

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1998 JAN -9 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K53881**

W97-28648

1. Corporation Name
GREAT AMERICAN ENDEAVORS, INC.

Principal Place of Business Mailing Address
**5849 BANANA RD
W. PALM BEACH, FL. 33413**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>N/A</i>		3. New Mailing Office Address, If Applicable <i>N/A</i>		4. Date Incorporated or Qualified To Do Business in Florida DEC 1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-008-6498	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip		
<i>Pres.</i>	<i>Tom Dever</i>	<i>5849 BANANA RD. AS ABOVE</i>	<i>W. PALM BEACH, FL 33413</i>		
<i>V.P.</i>	<i>Polly Dever</i>	<i>5849 BANANA RD. AS ABOVE</i>	<i>W. PALM BEACH, FL 33413</i>		
				700002398707--9 -01/13/98--01067--01A ****315.00 *****5150000 <i>9/13/97</i>	
REINSTATEMENT					

8. Name and Address of Current Registered Agent <i>SAME AS #1 ABOVE Tom Dever 5849 BANANA RD. W. PALM BEACH, FL 33413</i>		9. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent *Tom Dever* REGISTERED AGENT MUST SIGN Date **9/13/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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.

SIGNATURE: *Tom Dever* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tom Dever, Pres.
Date **9/13/97** (561) 686-4655 Daytime Phone #

CFR2040 (12/95)