PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					SECRETARY OF STATE DIVISION OF CORPORATIONS 37 DEC 31 AM 10: 48			
DOCUMENT # N20970 1. Corporation Name Government Supervisors Association Of Florida, INC.								115	REINSTATEMENT 65-07 151/8/08 000113515810 12/31/0701018014 ***388.75			
					nterchange Circle North			12/2/	1/2/12 CRZEO81 (1/07) 13 8175			
City & State Miramar, Florida City & S Mira Zip 33025 Country Zip 330					nar, Florida			5. FEI Numb	To Do Business in Florida February 22, 2000 5. FEI Number 59-2508942 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required			
7. Name and Address of Current Registered Agent Name Slesnick, Donald D., II ESQ Street Address (P.O. Box, Number is Not Acceptable) 2701 Ponce De Leon Blvd. Suite, Apt. #, Etc 200 City Coral Gables State 33 ⁷ / ₁ 9 ⁶ / ₂ 96								The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
8. I, being appointed the registered agent of the above nessed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.6. Signature of Registered Agent REGISTERED AGENT MUST SIGN												
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)												
Titles		Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
PD	Ellis, F	Ellis, Richard				8940 SW 186th Terra			Miami / Florida / 33157			
VD	Blackman, Greg				7801 Fairway Blvd.			d.	Miramar / Florida / 33023			
2V	Castillo, Otto				11205 SW 99th Court			ourt	Miami / Florida / 33176			
2V	Spanie, Shirley					5741 SW 53rd Terrace			Davie / Florida / 33314			
Т	Clarit, Walter					2830 NW 65th Terra			e Miami / Florida / 33147			
SD	SD Cole, Michael					13003 SW 114 Place				Miami / Florida / 33176		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filling 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 contained in Chapter 119, 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

RICHARD ELLIS 12/22/07 (305) 477-969

Date Date Despire Phone #

SIGNATURE: