PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Kathering Harris

Secretary of State

DOCUMENT	#
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N96000005263

1. Corporation Name

G. A. P. P. INC.

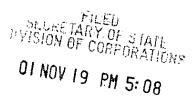
Principal Place of Business

SIGNATURE:

Mailing Address

735 - 743 OPA LOCKA BLVD.

735 - 743 OPA LOCKA BLVD.



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MIAMI FL 33168 MIAMI FL 3			3168						
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						DEIMSTATEMENT OI			
New Principal Office Address, If Applicable 3. New Maili			ng Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 10/10/1996				
Suite, Apt. #, etc. Suite, Apt. #,		elc.		5. FEI Number	Applied I	For			
City & State City & State				65-0721493 Not Applic					
Zip Country Zip		Country		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status					
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprot	fit corporat	tions must list at lea	st 3 directors)		
Title(s) 1	2	Name of Officers and/or Directors				reet Address of Each ficer and/or Director		City / State / Zip	
P	MCGWAN, FELIX 10945 S.W. 1			S.W. 152	TERR		MIAMI FL		
D	JONES, ANGELA			5614 JEFFERSON ST				HOLLYWOOD FL	
D	GRIGNON, PAMELA			1805 S.W. 122 ST.				MIAMI FL	
D	JOSEPH, SELWYN			1517 N.E. 8 AVE.			\	MIAMI FL	
S	MUIRHEAD, BEVERLEY			3810 N.W. 185 TERR			W1/20	MIAMI FL	
D	ROSE, MARTELL			5440 WASHINGTON ST			प	HOLLYWOOD FL	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
Name				- Name) (10/e/		
MCEWAN, FELIX F 735 - 743 OPA LOCKA BLVD.			Street Address (P.O. Box Nu			P.O. Box Number i	s Not Acceptable)	ي ا	
MIAMI FL 33168			Suite, Apt. #, Etc. 1.0004			30004703331 -12/04/0101013006	-1 ⊒- 8		
_ ·					-12/04/0101013 000 -12/04/0101013 000 *****236 元品 zpt///236.25 FL				25
Signature o	f	e registered agent of the abo)		th and accept the ol	bligations of Section	Date	
Registered Agent Date Date									

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

My 11-07-01

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.