PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLEII		
APPLICATION FOR REINSTATENEL				FILED 1012	
DOCUMENT # N 9600005387			00 APR 21 AM 8:00		
1. Corporation Name					
GAMSKOG, Inc.			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	245 NW 123		-		
Principal Place of Business 12/0 NW 6AVE. Bompand Business 12/0 NW 6AVE. 3306		Bch FL			
1210 NW 6AVE. Sompano Bch, FL Pompano Bch, FL 33060					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable	rincipal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 5333 N. DIXIE HW		4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For		
City & State	Pompano Br Zip Count	h, FL	65-0	7.92-4.5-2 Not Applicable	
Zip Country		s.A	CERTIFICATE	E OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/			ast 3 directors)		
Title(s) Name of Officers and/or Directors 1 2		reet Address of Each fficer and/or Director Jse Post Office Box 1	r	City / State / Zip	
D LIFRANC CYRIAC 3556		N. 35th 5;	Γ.	Lauderdale Lakes, FL 33309	
D BERLOZIER LEBRUN 1511 5 W 2 AVE			ue	Pompano Bih, FL 33060	
P INDIGNE ETIENNE 245 N		NI2 ST AT	t 2	Pompano Bch, FL 33060	
			Ги	000032447203	
				-05/09/0001081005	
				****123.00 *****123.00	
8. Name and Address of Current	Registered Agent		9. Name and	Address of New Registered Agent	
Indione Etienne Name			N/A (P.O. Box Number is Not Acceptable)		
Indiane Etienne 245 R. W 12 ST Mt 2. Bompano Brh, FL 33060		Street Address (I	Street Address (P.O. Box Number is Not Acceptable)		
Pompano Brh, FL 33060 Suite, Apt. #, El		\sim $(1) \cup (0) \cup (2) \cup (2) \cup (2)$			
r		City		-05/03/0001081006 *****60 29 ***** 60.75	
10. I, being appointed the registered agent of the abo	ve named corporation, am familiar s	with and accept the c	bligations of Sect		
Signature of Registered Agent Date Date Date					
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes I No I (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: LIFRANC CYRIAC 3/08/00 (954) 739-2668 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #					

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G A M S K O G, INC. 5333 1210 N.W. 6TH AVE. POMPANO BCH, FL 33060

April 19, 2000

FLORIDA DEPARTMENT OF STATE Division of Corporation

Attention : Kathy Ashton

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SUBJECT: G A M S K O G, INC, Ref. Number: N96000005387

Request for Reinstatement and waver of fee.

Dear Kathy,

Thank you for giving me the opportunity to reconsider this application. The 1998 annual Report had been filed and returned for corrections. When resubmitted, it was apparently lost and not received. When I called to find out what is going on, I was informed of the dissolution of the Organization for not filing the annual report.

I checked with the company where the money order has been purchased, they told me it is not cashed, they send me the refund for it. So, understand that the dissolution was not resulted from the fact that we did not file the report at all; it is just because it got lost on the mail. I am asking you to reconsider the case to see how you can wave the fee for us.

Again, thank you for your reconsideration.

Indigne tienne,

Officer, Registered Agent