

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 FEB -4 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300011793963

REINSTATEMENT 01-03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 00000004148

1. Corporation Name
Gee Finance + Consulting Inc

2. Principal Office Address <u>3502 33rd Av W</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>same</u> Suite, Apt. #, etc.	
City & State <u>Bradenton, FL</u>		City & State	
Zip <u>34205</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 1/2000

5. FEI Number 65-0975734
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Gary Gee

Street Address (P.O. Box Number is Not Acceptable)
3502 33rd Av W

Suite, Apt. #, Etc.

City Bradenton, State FL Zip Code 34205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Gary Gee Date 1/31/03

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
<u>Pres</u>	<u>Gary Gee</u>	<u>3502 33rd Av W Bradenton, FL 34205</u>	

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 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: Gary Gee, President 1/31/03 941-753-7713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)

2/1/03