


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 14 PM 5:19

DOCUMENT # P00000013707

1. Corporation Name

G.G. MULTI-MEDIA COMMUNICATIONS INC.

Principal Place of Business

Mailing Address

C/O CARMi DJIJI
1003 GRAND ISLE WAY
WEST PALM BEACH FL 33418

C/O CARMi DJIJI
1003 GRAND ISLE WAY
WEST PALM BEACH FL 33418

Palm Beach Gardens, FL 33418 *Palm Beach Gardens, FL 33418*

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

C/O CARMi DJIJI
1003 Grand Isle Way

C/O CARMi DJIJI
1003 Grand Isle Way

City & State *Palm Beach Gardens*

City & State *Palm Beach Gardens*

Zip *33418*

Country

Zip *33418*

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/08/2000

5. FEI Number

11-2612689

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	<i>Carmi Diji</i>	<i>1003 Grand Isle Way</i>	<i>Palm Beach Gardens FL 33418</i>
V.P.	<i>Dalis Diji</i>	<i>" " "</i>	<i>" " "</i>

200004739672--4
-12/26/01-01090-017
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DJIJI, CARMi
1003 GRAND ISLE WAY
WEST PALM BEACH FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

X

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/3/01

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/3/01 561 626 6012

CR2E040 (8/01)

ARTHUR STEINGLASS CPAPC
15 BIRDSEYE CIRCLE
WAYNE, NEW JERSEY 07470

DECEMBER 3, 2001

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL. 32314

RE:G.G. MULTI-MEDIA COMMUNICATIONS, INC.
ID# 11-2612689

GENTLEMEN:

ENCLOSED HERewith IS CHECK FOR \$150 REPRESENTING THE ANNUAL REPORT FEE FOR THE ABOVE CORPORATION. CORPORATION WAS ORIGINALLY A NEW YORK CORPORATION WHICH WAS REINCORPORATED IN FLORIDA. AS A NEW COMPANY WE WERE UNAWARE OF THE ANNUAL FILING REQUIREMENTS OF THE STATE OF FLORIDA AND NEVER RECEIVED ANY FORMS UNTIL THIS CURRENT MAILING.

PURSUANT TO THE TELEPHONE INSTRUCTIONS AT YOUR OFFICE WE REQUEST THAT THE COMPANY BE REINSTATED ON RECEIPT OF THIS LETTER.

THANK YOU FOR GIVING THIS MATTER YOUR ATTENTION.

VERY TRULY YOURS,



ARTHUR STEINGLASS