

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000046261			
1. Corporation Name GMG CONSULTING, INC.			
Principal Place of Business 100 A BISCAYNE AVE TAMPA FL 33606		Mailing Address 100 A BISCAYNE AVE TAMPA FL 33606	
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida		05/05/2000	
5. FEI Number		Applied For	
593666910		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	GARRETT, GARY M	100 A BISCAYNE AVE	TAMPA FL 33606
D	GARRETT, KATHLEEN R	100 A BISCAYNE AVE	TAMPA FL 33606
			600004679576--5
			-11/14/01--01094--017
			***150.00 ***150.00
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
GARRETT, GARY M 100 A BISCAYNE AVE TAMPA FL 33606		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		Date	
SIGNATURE REQUIRED		REGISTERED AGENT MUST SIGN	
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: <i>[Signature]</i>		Date: 10-17-01	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-251-2615	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 OCT 25 PM 12:57



CP25040 (8/01)

Date: 10-19-2001  
To: Dept. of state  
From: Gary Garrett  
GMG Consulting Inc.  
P00000046261

Subject: Annual Report.

To my knowledge I have not received any information on filing of an Annual Report. I apologize for this mistake and since it is my first corporation I will try and make sure this does not happen again.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary M. Garrett", written in dark ink.

Gary M. Garrett