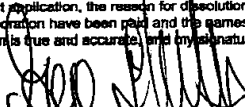


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000054557			
1. Corporation Name N. G. T. SOUTH, INC.			
2. Principal Office Address 16183 SW 16th Street		3. Mailing Office Address 16183 SW 16th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines Florida		City & State Pembroke Pines Florida	
Zip 33027	Country USA	Zip 33027	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 5/26/2000		5. FEI Number ☒ 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 TIMOTHY N. THOMES, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 99198 Overseas Highway			
Suite, Apt. #, Etc. Suite # 8			
City Key Largo		State FL	Zip Code 33037
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.			
Signature of Registered Agent 		Date 11/30/2001	
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
P/VP S/T	THIAKOS, GEORGE	16183 SW 16th Street	Pembroke Pines, FL 33027
10. I certify that I am an officer or director of 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)(f), 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: 		GEORGE THIAKOS	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/30/2001	Daytime Phone # 954-441-7163

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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