
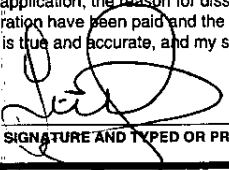


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000097279			
1. Corporation Name GIMAGIO INVESTMENT, INC.			
2. Principal Office Address 17050 N. BAY RD. Suite, Apt. #, etc. 708 City & State SUNNY ISLES-FLORIDA Zip 33160		3. Mailing Office Address 7660 SW 83 COURT Suite, Apt. #, etc. City & State MIAMI-FLORIDA Zip 33143	
Country USA		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10-16-2000			
5. FEI Number 65-1064945		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CLAUDIA CZETYRKO			
Street Address (P.O. Box Number is Not Acceptable) 7660 SW 83 COURT			
Suite, Apt. #, Etc.			
City MIAMI		State FL	Zip Code 33143
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		Date 04-29-04	
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	MARCELO FIGOLI	17050 N.BAY RD. #708	SUNNY ISLES-FL 33160
VP	GISELA FIGOLI	17050 N.BAY RD. #708	SUNNY ISLES-FL 33160
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: 		Date 04-29-04	Daytime Phone # 305-279-3686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED

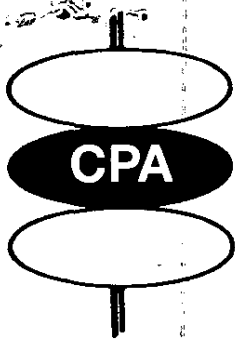
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 03-04

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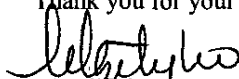
Claudia Czetyrko
Certified Public Accountant

April 29, 2004

Florida Department of State
Division of Corporations

Document #P00000097279

Please accept this reinstatement without the stated penalty due to the fact that the shareholders live abroad and never received the annual report for renewal. I have already changed the mailing address to my office so that this won't happen again.
Thank you for your understanding.


Claudia Czetyrko