PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
CORPORATION REINSTATEME		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		н	0200004448B 26 T	
DOCUMENT 1. Corporation Name	DOCUMENT # P00000104853 1. Corporation Name GK GROUP CO.				PM 2:58	
2. Principal Office Address 808 Brickell Key Drive			ieinsta	rement old	2	
Suite, Apt. #, etc. Suite 1507	· -	Suite, Apt. #, etc.			4. Date Incorporated or Qualified	
Chy&State Miami, FL		City & State		5. FEI Number 65-1052961	Applied	
^{Zlp} 33131	Country	Zip	Country	G. CERTIFICATE OF STAT	US DESIRED 55.75 Additional Fee for a Certificate of S	
Street Addr 245 S Sulte, Apt. #	Suite 31 Miami registered agent of the above	r Acceptable)	familier with and accept the	State FL obligations of section 607.	33131	
9. Names and Street Ad	dresses of Each Officer and	Vor Director (Florida nonp	rofit corporations must list at i	east 3 directors)		
Thies	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
PSTD Geral	do Pinto Mor		Brickell Key e 1507	Drive Mia	mi, FL 33131	
				R2/26		
this reinstatement epp	olication, the reason for also on have been paid and the true and accurate, and my s	plution has been eliminals names of incitiquals listed	d, the corporatie name satisfie on this form do not qualify for me legal effect as if made und	is the requirements of section ander section of the control of the	7 or 517, F.S. I further certify that when ton 607.0401 or 617.0401, F.S., that all ion 119.07(3)(i), F.S. The information india H 0 2 0 0 0 0 4 4 4 8 0 0 0 0 0 0 0 0 0 0 0 0	licated

Division of Corporations

Page 1 of 2

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H02000044484 2)))

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To:

Division of Corporations

Fax Number : (850) 205-0384

from:

Account Name : KALKAS BUSINESS SERVICES

Account Number : I19980000015 Phone : (305)577-9716 Fax Number : (305)577-9718

CORPORATION REINSTATEMENT

GK GROUP CO.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

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LIMITED LIAB	ILITY PARTI	NERSI	HIP REI	NST	ATEMENT	г	10/3
DOCUMENT 1. Entity Name	# LLP000	000044	2		1	FILED	- 0 1
RJB Inve	estments, L.	L.P.			;	FILED SECRETARY OF STATI DIVISION OF CORPORATI 02 FEB 26 AM 8: 1	
2. Principal Place of Busine	es Addross	2 Mailing	g Address				.•
z. Finicipal Flace of Busine	as Audress		-		_	,	
Suite, Apt. #, etc.		2545 Suite, /	S. At] Apt. #, etc.	Lanti	c Ave.	DO NOT WRITE IN T	HIS SPACE
City & State		City & :		ach S	Shores, F	4. FEI Number FL 59-3632657	Applied For Not Applicable
Zip	Country	Zip 32-11	8	Соиг		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	nd Address of Current F	Registered /	Agent				
Name James J. Fl	ick				1	<u>FEES</u> :	2
Street Address (P.O. Box Nu	ımber is Not Acceptable)				1) Reinsta	atement Fee:\$25.00	
940 Highlan	d Ave.				2) Filina F	ee(s):\$25.00 (for ea	ach year due this office)
^{Cit} Orlando		FL	32883		<i>2)</i> (ου(ο),φ20,00 (κι κι	in your duo tino ontdoy
7. The above named entity	submits this statement for	the purpose	e of changing its	s register	ed office or registe	red agent, or both, in the State of Florida.	

IMPORTANT NOTICE: A partnership whose limited liability partnership status has been administratively revoked may reinstate its limited liability partnership status by completing a reinstatement application and submitting the appropriate fees. However, the reinstatement application and fees must be submitted within 2 years of the date of revocation.

ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THE INSTRUCTIONS WILL NOT BE FILED AND WILL BE RETURNED FOR CORRECTION(S). THE CORRECTED APPLICATION MUST BE RETURNED WITHIN 30 DAYS.

8. The execution of this report as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Richard J. Beer 2/22/02

the Richard J. Beauregard Living Trust

386 -801- 2444

ACCOUNT FILING COVER SHEET

Account Number:	0721-00000-307	_
Reference: (Sub Account)	899	<u>-</u>
Date: _	2-26	-
Requestor Name: Address: Telephone: Contact:	Attorneys' Title Insurance Fund 660 East Jefferson Street Suite Tallahassee, Florida 32301 850-222-2785 Barbara Keys	200
Corporation Name:	B Annestments, LLP	FEB 26 AM 8:
Document Number: L.L. (If Applicable)	P-442	: 19
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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 25, 2002

ATTORNEYS' TITLE

TALLAHASSEE, FL

SUBJECT: RJB INVESTMENTS, L.L.P.

DIVISION OF CORPORATIONS

02 FEB 26 AM 8: 10

We have received your document for RJB INVESTMENTS, L.L.P. and your check(s) totaling \$108.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we are RETURNING your \$108.75 check.

The status of this LLP was revoked in 2001. To reinstate, you pay the \$25.00 UBR fee for 2001, the \$25.00 UBR fee for 2002, and a \$25.00 Reinstatement fee.

The total owed to reinstate this partnership's LLP status is \$75.00. Add \$8.75 for a certificate of status.

Please return with the correct payment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Corporate Specialist

Letter Number: 802A00011649

