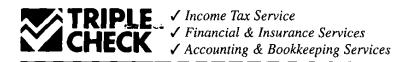
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

			FILED	
CORPORATION REINSTATEMENT	Carreton, of Ctota		03 OCT 23 AM II: 33 SECRETARY OF STATE TALLAHASSEE FLORIDA	
DOCUMENT # P0100000	6567		TALLAHASSEE FLORIDA	
1. Corporation Name				
G T STRATEGIES, INC.				
[•			
ļ] .	
2. Principal Office Address	3. Mailing Office Address			
POST OFFICE BOX 2237	POST OFFICE BOX 2237		PENNSTATION OF	
Suite, Apt. #, etc.	-Suite, Apt, #, etc.		0 60 000	
	<u> </u>		4. Date Incorporated or Qualified To Do Business in Florida 01/18/2001	
City & State PONTE VEDRA BEACH, FL	PONTE VEDRA BEACH, FL		5. FEI Number Applied For	
Zip Country	Zip	Country	58-2595556 Not Applicable	
32004 ÚSA	32004	USA	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status	
	7. Name and A	Address of Current Register	red Agent	
Name GENE A. TONSA	GER			
Street Address (P.O. Box Number is Not Acceptable)				
188 SAN JUAN DRIVE 10/23/0301084020 **15/. 00				
Suile, Apt. #, Elc.				
City PONTE VEDRA BI	EACH		State Zip Code FL 32082	
8. I, being appointed the registered agent of the abo	ove named corporation, am t	amiliar with and accept the o		
Signature of March 10/21/8				
Registered Agent Registered Agent Registered Agent	EGISTERED AGENT MUST	SIGN	Date 10 2 10	
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonpro	ofit corporations must list at le	east 3 directors)	
Titles • Name of	Name of Street Address of Eac		h City (Class / Tra	
Officers and/or Directors		Officer and/or Director	, Gily Gidle 2 Ep	
DPST GENE A TONSAGER	POST	OFFICE BOX 2237	PONTE VEDRA BEACH, FL 32004	
	·			
	}			
this reinstatement application, the reason for diss owed by the corporation have been paid and the	colution has been eliminated, names of individuals listed o	the corporate name satisfies in this form do not qualify for a	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees 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: Doub Jon	1 31" 1/4/5/4		R 1921/03 904-285-8624	
SIGNATURE AND TYPED OR PE	CENE A TONGACED DISTRICT 204 285 8634			



320 Osceola Avenue Jacksonville Beach, FL 32250 Phone 904/241-2533 Fax: 904/241-1604 www.triplechecktax.com

October 21, 2003

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL-32314

RE: CORPORATE REINSTATEMENT

Document #P01000006567; G T STRATEGIES, INC.

Dear Sir/Madam.

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept the application and payment of \$150.00, for the year 2003.

Mr. Tonsager, President of the above Corporation, did not receive his report for the referenced period. Upon our annual review of his account along with your web site, it was determined that he had not filed the Uniform Business Report for the current year. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Enclosures: Corporate Reinstatement

Check: #1162