

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 10:15

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000023330**

1. Corporation Name
GDP FORT MYERS, INC.

Principal Place of Business	Mailing Address
180 NW 139TH STREET MIAMI FL 33168	180 NW 139TH STREET MIAMI FL 33168



700009721367
 12/27/02--01076--002 **158.75

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/06/2001	
City & State		City & State		5. FEI Number	
				Applied For <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	ROLLE, ANTHONY	180 NW 139TH STREET	MIAMI FL 33168

8. Name and Address of Current Registered Agent

~~MCDONOUGH, BRIAN J
 2200 MUSEUM TOWER
 150 WEST FLAGLER STREET
 MIAMI FL 33130~~

9. Name and Address of New Registered Agent

Name: **Anthony A. Rolle, Esq.**
 Street Address (P.O. Box Number is Not Accepted): **180 NW 139th Street**
 Suite, Apt. #, Etc.:
 City: **Miami** State: **FL** Zip Code: **33168**

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. or 617.0505, F.S.

Signature of Registered Agent:  **ANTHONY A. ROLLE** REGISTERED AGENT MUST SIGN Date: **11/20/02**

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:  **ANTHONY A. ROLLE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **11/20/02** Daytime Phone #: **(305) 205-7575**

CR2E040 (8/02)

November 20, 2002

Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: **GDP Fort Myers, Inc.**

Dear Mr. Smith,

This is to confirm that I never received either of the two prior uniform business report notices for GDP Fort Myers, Inc.. Accordingly, please find enclosed a properly executed Application for Reinstatement and a check in the amount of \$158.75 to cover the filing fee and the cost of a Certificate of Status.

Thank you for your assistance with this matter. If you have further questions or if you require any additional information, please contact me at (305) 205 - 7575.

Sincerely,

Anthony A. Rolle, President