PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Jim Smith **FOR** Secretary of State REINSTATEN DRIDED BRINGING **DIVISION OF CORPORATIONS** P01000023330 DOCUMENT # 1. Corporation Name GDP FORT MYERS, INC. Principal Place of Business Mailing Address 180 NW 139TH STREET 180 NW 139TH STREET MIAMI FL 33168 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 Date Incorporated or Qualified To Do Business in Florida 03/06/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED (12) 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director D ROLLE, ANTHONY 180 NW 139TH STREET **MIAMI FL 33168** 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130 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

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.

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

SIGNATURE:

SIGNATURE AND

REGISTERED AGENT MUST SIGN

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.

1-Rolle, President

Sincerely,