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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 MAR 20 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **PO1000029222**

1. Corporation Name

GDC GROUP, INC.

PO1000029222

900014901859

03/28/03--01018--007 ***308.7503

2. Principal Office Address

17100 NE 19th AV.

Suite, Apt. #, etc.

100

City & State

N. MIAMI BEACH, FL

33162

Country

USA

3. Mailing Office Address

17100 NE 19th AV.

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

3/21/01

5. FEI Number

65-1127374

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HERBERT DETCH

Street Address (P.O. Box Number is Not Acceptable)

17100 NE 19th AV.

Suite, Apt. #, Etc.

100

City

N. MIAMI BEACH, FL 33162

State

FL

Zip Code

33162

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 807.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/18/03**

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	HERBERT DETCH	17100 NE 19th AV.	N. MIAMI BEACH FL 33162
V.P.	CARLO MUTTI	17100 NE 19th AV.	N. MIAMI BEACH FL 33162

02-03 UBR

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 617.0461, 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)(b), F.S. The information indicated on this application is true and accurate, and my appointment has the same legal effect as if made under oath.

SIGNATURE:

[Signature]

3/18/03

(607) 499-5355

SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Cityline Phone #

Wyc 202

CDC GROUP, INC.
17100 NE 19 AV. , NORTH MIAMI BEACH, FL. 33162
Phone: (305)949-5355 Fax: (305)947-8510

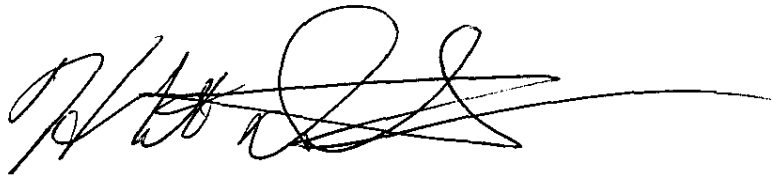
3/18/03

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
409 EAST GAINES ST
TALLAHASSEE, FL 32399

ATTN: DIVISION OF CORPORATIONS

PLEASE BE ADVISED THAT CDC GROUP, INC. DID NOT RECEIVE IT'S
2002 ANNUAL REPORT. PLEASE CORRECT THE MAILING AND PRINCIPLE
ADDRESS TO: 17100 NE 19TH AV. N. MIAMI BEACH, FL. 33162 STE. 100 AND
ISSUE A CERTIFICATE OF GOOD STANDING FOR CDC GROUP, INC. AND
REINSTATE THIS CORPORATION.

THANK YOU,

A large, stylized handwritten signature in black ink, likely belonging to Herbert Deitch, the President mentioned in the text below.

HERBERT DEITCH
PRESIDENT