PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 JUL 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000060261

1. Corporation Name
G FAMILY ENTERPRISES, INCORPORATED

REINSTATEMENT 03-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2504 AVENUE D	P.O. BOX 4138
Suite, Apt. #, etc.: A	Suite, Apt. #, etc.:
City & State: FORT PIERCE, FLORIDA	City & State: FORT PIERCE, FLORIDA
Zip: 32947 Country: USA	Zip: 34948 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2001

5. FEI Number: 13-4322108 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JOHN L. GEORGE
Street Address (P.O. Box Number is Not Acceptable): 2504 AVENUE D
Suite, Apt. #, Etc.: A
City: FORT PIERCE State: FL Zip Code: 34947

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 7/28/08
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JOHN L. GEORGE	2112 SW VIXEN CT.	PORT SAINT LUCIE, FL 34953
VP	PORTIA FAYE GEORGE	707 N. 19TH STREET	FORT PIERCE, FL 34950
S	MARY ELLIS	2112 SW VIXEN CT.	PORT SAINT LUCIE, FL 34953

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08/12/08 01013 010 **500.00

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 617.0401, 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 contained in Chapter 119, 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: John L. George 7/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #