

\$1050.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # PO1000086103		FILED 05 NOV -2 PM 12:59 SECRETARIAL STATE TALLAHASSEE, FLORIDA																					
<p>1. Corporation Name Gemma, Inc.</p> <p>2. Principal Office Address 2428 Shoal Creek Ct. Suite, Apt. #, etc.</p> <p>3. Mailing Office Address Same Suite, Apt. #, etc.</p> <p>4. Date Incorporated or Qualified To Do Business in Florida 12-2000</p> <p>5. FEI Number 26-0056532 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																							
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<p>7. Name and Address of Current Registered Agent</p> <table border="1"> <tr> <td>Name Gemma Silliben</td> <td>Street Address (P.O. Box Number is Not Acceptable) 2428 Shoal Creek Ct.</td> <td>11/08/05--01022--014</td> <td>\$10.00</td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable) 2428 Shoal Creek Ct.</td> <td>Suite, Apt. #, Etc.</td> <td></td> <td></td> </tr> <tr> <td>City Oviedo</td> <td>State FL</td> <td>Zip Code 32765</td> <td></td> </tr> </table>				Name Gemma Silliben	Street Address (P.O. Box Number is Not Acceptable) 2428 Shoal Creek Ct.	11/08/05--01022--014	\$10.00	Street Address (P.O. Box Number is Not Acceptable) 2428 Shoal Creek Ct.	Suite, Apt. #, Etc.			City Oviedo	State FL	Zip Code 32765									
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<p>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.</p> <p>Signature of Registered Agent <i>Gemma Silliben</i></p> <p>REGISTERED AGENT MUST SIGN</p> <p>Date 10-31-05</p>																							
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Gemma Silliben</td> <td>2428 Shoal Creek Ct.</td> <td>Oviedo, FL 32765</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>REINSTATEMENT 03-2005</p>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	President	Gemma Silliben	2428 Shoal Creek Ct.	Oviedo, FL 32765												
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<p>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 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.</p>																							
<p>SIGNATURE: <i>Gemma Silliben</i></p> <p>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>10-31-05 321-228-1466</p> <p>Daytime Phone #</p>																					