

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 NOV 15 AM 11:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P01000096417**

1. Corporation Name
G. P. RHINO SERVICES & ASSOCIATES INC.



Principal Place of Business Mailing Address
~~1585 COLIESO DRIVE~~ 1585 COLIESO DRIVE
 WINTER GARDEN FL 34787 WINTER GARDEN FL 34787

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Coloso Dr		3. New Mailing Office Address, If Applicable Coloso Dr		4. Date Incorporated or Qualified To Do Business in Florida 10/01/2001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 69-1805571	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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
P	GILLIS, ROBERT A	1585 COLIESO DRIVE	WINTER GARDEN FL 34787
V	POWELL, DALLAS A	1585 COLIESO DRIVE	WINTER GARDEN FL 34787
S	POWELL, ANNA	1585 COLIESO DRIVE	WINTER GARDEN FL 34787
T	GILLIS, LESLIE C	1585 COLIESO DRIVE	WINTER GARDEN FL 34787

8. Name and Address of Current Registered Agent GILLIS, ROBERT A 1585 COLIESO DRIVE WINTER GARDEN FL 34787		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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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 ROBERT GILLIS **SIGNATURE REQUIRED** Date 11/12/02
 REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED 11/12/02 407905-0911
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (8/02)

G. P. RHINO inc.
GATE SYSTEMS



1585 Coluso Drive
Winter Garden, FL 34787
(407) 905-0911 Office
(407) 905-8991 Fax

November 12, 2002

Jim smith
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

We at GP RHINO did not receive a letter informing us that we did not fill out our annual corporate renewal form correctly. We are sorry for the inconvenience.

Secretary

A handwritten signature in cursive script that reads "Anna Powell".