

**REINSTATEMENT  
FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000118986**  
1. Entity Name  
**GFS BAHAMAS LIMITED, INC.**

**FILED**  
2002 NOV 22 PM 1:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>11767 South Dixie Hwy.</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc. <b>286</b>		Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State	
Zip <b>33156</b>	Country	Zip	Country
4. FEI Number		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required-	

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name  
**Maria Avila**

Street Address (P.O. Box Number is Not Acceptable)  
**8125 Southwest 86th Terrace**

City  
**Miami**      **FL**      Zip Code  
**33143**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Maria Avila*      DATE 11/18/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<p>January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State</p>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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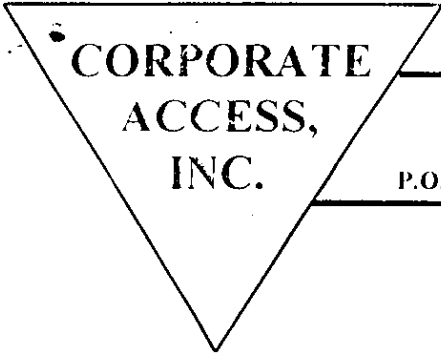
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Maria Avila 8125 Southwest 86th Terrace Miami, Florida 33143</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3310009371903 12/05/02--01041--010 **758.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**REINSTATEMENT 02**  
**C. Coulliette NOV 22 2002**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Avila*      Date 11/18/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 11/22/02 *[Signature]*

CERTIFIED COPY

CUS *95*

PHOTO COPY

FILING *Reinstatement*

1.) *GFS BAHAMAS Limited, Inc.*  
(CORPORATE NAME & DOCUMENT #)

2.)  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

*File 1st*

RECEIVED  
02 NOV 22 AM 10:55  
DIVISION OF CORPORATION

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