

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000055643 1. Entity Name G.T.S. ENTERPRISES, INC.			
Principal Place of Business 1861 BUCHANAN CIR #103 ORLANDO, FL 32839		Mailing Address 1861 BUCHANAN CIR #103 ORLANDO, FL 32839	
2. Principal Place of Business 2504 ELMARRA DR. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2504 ELMARRA DR. <small>Suite, Apt. #, etc.</small>	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32761	Country USA	Zip 32761	Country USA
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, GARY T II 1861 BUCHANAN CIR #103 ORLANDO, FL 32839		7. Name and Address of New Registered Agent Name GARY T. STONE, II Street Address (P.O. Box Number is Not Acceptable) 2504 ELMARRA DR. City Orlando FL Zip Code 32761	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME STONE, GARY T II STREET ADDRESS 1861 BUCHANAN CIR #103 CITY-ST-ZIP ORLANDO, FL 32839	<input type="checkbox"/> Delete	TITLE P NAME STONE, GARY T. II STREET ADDRESS 2504 ELMARRA DR. CITY-ST-ZIP Orlando, FL 32761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: Gary T. Stone II <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 12-27-04 (407) 999-7777 <small>Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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