PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	03 DEC -9 AM 8: 34 SECRETARY OF STATE TALLAHASSER FLORIDA
DOCUMENT # POZODO 100110 1. Corporation Name Couble G. Outlitters INC.		
2. Principal Office Address 455 Riggs Av Suite, Apt. #, etc.	3. Mailing Office Address P,O, Box 33089 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 9/16/2002
City & State Mehourne Beach El. Zip Country 32951 USA	City & State Findinfaultic=F/ Zip 32903 Country USA	5. FEI Number - Applied Form - Not Applied Form - Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name Custavo Force Ja Street Address (P.O. Box Number is Not Acceptable) 455 Riggs Au 12/09/03-01017-001 ***191.00 Suite, Apt. #, Etc. City Milbarrucbach State Zip Code FL 3295/		
8. I, being appointed the registered agent of the above named corporation, am-femiliar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Pate Pate Pate Pate Pate Pate Pate Pat		
Titles Name and Street Addresses or Each Unicer and Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Tip
arator Gustavo Forero		#132957 Melbourne Beach F132951
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.		
SIGNATURE: 12/3/03 32/9533820 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 28, 2003

DOUBLE G. OUTFITTERS, INC. P.O. BOX 33084 INDIALANTIC, FL 32903

SUBJECT: DOUBLE G. OUTFITTERS, INC.

Ref. Number: P02000100110

Upon receipt of your letter and/or check(s) totaling \$15.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited. Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 803A00058625

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Double G Outfitters Inc. P.O. Box 33084 Indialantic, Fl. 32903 321 953-3820

As per the conversation on 10/20/03 I am writing this letter to let you know that I did not receive the uniform business report as of this date. This is a new corporation that was incorporated on 09/16/02, the mailing address is P.O. Box33084 Indialantic, Fl. 32903, and the physical address is 455 Riggs Ave Melbourne Beach, Fl. 32951. You can also reach me at 321 953-3820 or my cell phone, 321 626-6229. I am enclosing a check for \$150.00.

Thank You,

Gustavo Forero Jr. President