

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 14 AM 8:00

DOCUMENT # P02000102470

1. Corporation Name

G & E GROUP SECURITY, INC.

**REINSTATEMENT 03-04**

2. Principal Office Address

8340 NE 2 Ave

3. Mailing Office Address

P.O. BOX 680066

Suite, Apt. #, etc.

241

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI & FLORIDA

Zip

33137

Country USA

MIAMI-DADE

Zip

33167

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

September 2002

5. FEI Number

161631186

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

MRS

7. Name and Address of Current Registered Agent

Name

ERNST FELIX

Street Address (P.O. Box Number is Not Acceptable)

14200 NW 2 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33168

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.

Signature of Registered Agent

*[Signature]*

Date 01-09-2004

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ERNST FELIX	14200 NW 2 AVE	MIAMI, FL 33168
V	GARDY JEAN-JULES	15011 NE 7 COURT	Mia Mi, FL 33161

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:

*[Signature]* ERNST FELIX

01-09-2004

305 7544860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

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# G & E GROUP SECURITY, INC.

*"People and properties are in our safe guardianship."*

8340 N.E. 2<sup>ND</sup> AVE. SUITE 241 & 243 MIAMI, FL 33137      PHONE: (305) 754-4860      FAX : (305) 754-4862

**Mailing address: P.O BOX 680066, Miami, FL 33167**

01/09/2004

*ref # P02000102470*

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

To Whom It May Concern:

This is to inform you that I have just realized that our company is administratively dissolved because we fail to file our annual report last year. The reason why we did not file is that we never received the annual report filing form due to the fact that our mailing address was incorrect. **Our mailing address should be:**

**P.O BOX 680066  
Miami, FL 33167**

We apologize for the inconvenience, and based upon our conversation, I enclose the 300.00 dollars requested (150.00 for the year 2003 & 150.00 for the year 2004).

Sincerely yours,

ERNST FELIX  
President