

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P02000119425**

1. Corporation Name

G BROTHERS INC.

Principal Place of Business

~~1203 HYPOLUXO ROAD
 LANTANA FL 33467
 US~~

Mailing Address

~~1203 HYPOLUXO ROAD
 LANTANA FL 33467
 US~~



REINSTATEMENT 03

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

2. New Principal Office Address, If Applicable

902A N. DIXIE Hwy.
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

902A N. DIXIE Hwy.
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

11/07/2002

5. FEI Number

Applied For

Not Applicable

City & State

LANTANA FL.

City & State

LANTANA

Zip

33462

Country

U.S.A.

Zip

33462

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED

\$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
D	PATEL, NIRANJANKUMAR	6462 NIKKI WAY	LAKE WORTH FL 33467

300023982273
 10/21/03--01118--014 **158.75

8. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32381~~

9. Name and Address of New Registered Agent

Name **PATEL NIRANJANKUMAR**
G BROTHERS INC.
 Street Address (P.O. Box Number is Not Acceptable)
902A N. DIXIE Highway
 Suite, Apt. #, Etc.
 City **LANTANA** State **FL** Zip Code **33462**

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

Niranjan Patel

REGISTERED AGENT MUST SIGN

Date

10/12/03

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:

Niranjan Patel

NIRANJANKUMAR

10/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-585-5521

561-312-5841

CR2E040 (7/03)

10/12/03

Dept. of State

Florida

Dear Sir/Madam.

Subj: Document # P02000119425

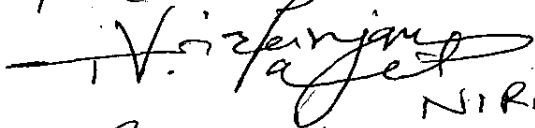
It looks like, We have not received corporation Document in the past Due to our old address and wrong zip#.

Please excuse us the penalty as we are new corporation and small business. This happen first time in new business.

Thanks for your help.

Sincerely,

For G Brothers Inc.



President,

NIRANSANKUMAR PATEL