

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 AUG -1 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000038147

1. Corporation Name

GGJ ENTERPRISES, INC.

**REINSTATEMENT 06-08**

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 801 INTERNATIONAL PARKWAY Suite, Apt. #, etc. 5th FLOOR City & State LAKE MARY, FLORIDA Zip 32746		Country US		3. Mailing Office Address 801 INTERNATIONAL PARKWAY Suite, Apt. #, etc. 5th FLOOR City & State LAKE MARY, FLORIDA Zip 32746		Country US	
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4. Date Incorporated or Qualified To Do Business in Florida 04/04/2003	
5. FEI Number 06-1687540	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
GENNETTE GIBSON

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

Suite, Apt. #, Etc.  
5th FLOOR

City  
LAKE MARY

State  
FL

Zip Code  
32746

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Dante Gibso* Date 08/01/2008

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	GENNETTE GIBSON	801 INTERNATIONAL PARKWAY	LAKE MARY, FL 32746
CFO	MAKKETTA ALEXANDER	801 INTERNATIONAL PARKWAY	LAKE MARY, FL 32746

300134258069  
08/12/08--01013--015 \*\*\*450.00

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 contained in Chapter 119, 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: *Dante Gibso* Date 08/1/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

*DC 8/1*