


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000076676 1. Entity Name GABY'S INVESTMENT GROUP INC.	
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Principal Place of Business 13971 OAK RIGE DRIVE DAVIE, FL 33325	Mailing Address 13971 OAK RIGE DRIVE DAVIE, FL 33325
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip
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FILED
06 MAR -2 11: 8: 59
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



12052005	REIN-P	CR2E098 (6/04)
4. FEI Number 14-1889537		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JEAN, GABRIEL 13971 OAK RIDGE DRIVE DAVIE, FL 33325	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	JEAN, GABRIEL
STREET ADDRESS	13971 OAK RIDGE DRIVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VP <input type="checkbox"/> Delete
NAME	FABIEN, ECZABELLA
STREET ADDRESS	6231 NW 170 TERRACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	P <input type="checkbox"/> Delete
NAME	JEAN, GABRIEL
STREET ADDRESS	13971 AOK RIDGE DRIVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VP <input type="checkbox"/> Delete
NAME	FABIEN, ECZABELLA
STREET ADDRESS	6231 NW 170 TERRACE
CITY-ST-ZIP	MIAMI, FL 33015
TITLE	P <input type="checkbox"/> Delete
NAME	JEAN, GABRIEL
STREET ADDRESS	13971 AOK RIDGE DRIVE
CITY-ST-ZIP	DAVIE, FL 33325
TITLE	VP <input type="checkbox"/> Delete
NAME	FABIEN, ECZABELLA
STREET ADDRESS	6231 NW 170 TERRACE
CITY-ST-ZIP	MIAMI, FL 33015

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 2/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #