


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000108960		
1. Entity Name GIRESKO ENTERPRISES, CORP.		

Principal Place of Business 3001 S OCEAN DR APT. 4F HOLLYWOOD, FL 33019	Mailing Address 3001 S OCEAN DR APT. 4F HOLLYWOOD, FL 33019
-------------------------------------------------------------------------------	-------------------------------------------------------------------

2. Principal Place of Business 100 KINGS POINT DR Suite, Apt. #, etc. APT 1211 City & State Sunny Isles FL Zip 33160 Country USA	3. Mailing Address 100 KINGS POINT DR Suite, Apt. #, etc. APT 1211 City & State Sunny Isles FL Zip 33160 Country U.S.A
----------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------

6. Name and Address of Current Registered Agent RUIZ, CARLOS A 3901 S. OCEAN DR., #8Y HOLLYWOOD, FL 33019	
--------------------------------------------------------------------------------------------------------------------	--

FILED
05 OCT 10 PM 2: 105
FILED
05 OCT 10 PM 2: 105
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA

10072005	REIN-P	CR2E098 (6/04)
4. FEI Number 47-0932684	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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: Carlos Ruiz (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.
----------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS RUIZ, CARLOS A 3001 S OCEAN DR APT. 4F HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300060580333 10/13/05--01051--008 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Carlos Ruiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #