PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretar	TMENT OF STATE… by of State corporations	2007 NOV 13 PM 2: 44  SECRETARY OF STATE	
DOCUMENT # P0400020034  1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
GS Brokers,	INC.			a d
2. Principal Office Address - No P.O. Box # 3541 Dr. MARTIN Luther King & Suite, Apt. #, etc.	3. Mailing Office Addre	5. Conbress Auc.	:	CR2E081 (1/07)
2	307			orated or Qualified 1/29/2004
RIVIERA Beach	West Palm	Beach	5. FEI Number Applied For Not Applicable	
33'404 Country USA	FL FL	3346/	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of	Current Registered Age			
Name JOSE R. REYNOSO  Street Address (P.O. Box Number is Not Agoeptable)  4592 Gladia Tor Circl  Suite, Apt. #, Etc.			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.	
GREENACRES   State   Zip Code   FL 33463				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the of Signature of Registered Agent REGISTERED AGENT MUST SIGN			bligations of section	on 607.0505 or 617.0503, F.S.  Date 9/4/2007
9. Names and Street Addresses of Each Officer and	/or Director (Florida nonpro	ofit corporations must list at le	ast 3 directors)	
Titles Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
DAST JOSE R REYNO	50 450	72 Gladiator	Circle	GREENACRES, FL 33463
			51 11716	00112388345 70701055013 ***450.00
		RI	EINS	FATEMENT 05-01
				V '
	olution has been eliminated names of individuals listed (	f, the corporate name satisfies on this form do not qualify for a	the requirements an exemption con	pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees tained in Chapter 119, F.S. The information indicated
SIGNATURE: SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OF	FICER OR DIRECTOR	9/4	(/2007 (786) 444-7398 Daytime Phone #

**ECFS** 

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134

PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY	

<b>CORPORATION NAME(S)</b>	R	DOCUMENT	NUMBER(S)	) (if known):
CONTORATION NAME(3)	U.	DOCUMENT	14 C14TDER(2)	) (II KTIOMII) •

1.	65 BROKERS,	INC.	P04000020034
2.	(Corporation Name)		(Document #)
	(Corporation Name)		(Document #)
3.	(Corporation Name)	<del></del>	(Document #)
4.	(Corporation Name)		(Document #)
_	Walk in Pick up time		_ Certified Copy
	Mail out Will wait	Photocopy	Certificate of Status

NEW FILINGS
Profit
NonProfit
Limited Liability
Domestication
Other

	AMENDMENTS
<u></u>	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Метдет

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07 NOV 13 AM IO: 59

OTHER FILNGS
Annual Report
Fictitious Name
Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
$\setminus$	Reinstatement
	Trademark
	Other

Examiner's Initials