

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 JAN 27 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000021271

1. Corporation Name

GEMINI PROPERTY SERVICES USA INC

W09-1784

900140364549  
01/12/09--01054--015 \*\*758.75

**REINSTATEMENT** 05-09  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box # 136 VERANO COURT		3. Mailing Office Address 136 VERANO COURT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVENPORT FL		City & State DAVENPORT FL	
Zip 33896	Country USA	Zip 33896	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1/28/2004	
5. FEI Number 34-1977864	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name JAMES BIBBY		
Street Address (P.O. Box Number is Not Acceptable) 136 VERANO COURT		
Suite, Apt. #, Etc.		
City DAVENPORT	State FL	Zip Code 33896

☒ 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

*J. Bibby*

REGISTERED AGENT MUST SIGN

Date 01/05/2009

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
PRESIDENT	JAMES BIBBY	136 VERANO COURT	DAVENPORT/FL/33896

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:

*J. Bibby*

JAMES BIBBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/05/2009

Date

863-424-7864

Daytime Phone #

1/28/09