


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 23 AM 9:27

DOCUMENT # P04000119943	
1. Entity Name GIMA INVESTMENT GROUP, INC.	

Principal Place of Business 519 PLUMOSA AVENUE CLEARWATER, FL 33756	Mailing Address 519 PLUMOSA AVENUE CLEARWATER, FL 33756
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2. Principal Place of Business 875 E KLOSTERMAN ROAD	3. Mailing Address 875 E KLOSTERMAN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.



01172006 REIN-P CR2E098 (11/05)

City & State TARPON SPRINGS, FL	City & State TARPON SPRINGS, FL	4. FEI Number 20-1599648	Applied For <input type="checkbox"/> Not Applicable
Zip 34689	Country US	Zip 34689	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IANNUCILLI, LUIGI 519 PLUMOSA AVENUE CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 875 E KLOSTERMAN ROAD City TARPON SPRINGS FL Zip Code 34689
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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 \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 _____ DATE 1/17/2006 727-942-4909

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