

1. Entity Name
G.A.A. COIN, INC.



FILED

08 JUN -9 PM 2: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|---|----------------|---|----------------|
| Principal Place of Business | | Mailing Address | |
| 2700 N MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431 | | 2700 N MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431 | |
| 2. Principal Place of Business - No P.O. Box # 6218 PALMA DEL MAR BLVD. S. | | 3. Mailing Address 6218 PALMA DEL MAR BLVD. S. | |
| Suite, Apt. #, etc. 308 | | Suite, Apt. #, etc. 308 | |
| City & State ST. PETERSBURG, FL | | City & State ST. PETERSBURG, FL | |
| Zip 33715 | Country USA | Zip 33715 | Country USA |



REINSTATEMENT

04212008 BENR CR2E98 (1/07) 07-08

| | | | | | | | |
|--|----------------|------------------------------------|----------------|---|--|-------------------------------|--|
| 300 | | 308 | | 300 | | 308 | |
| City & State ST. PETERSBURG, FL | | City & State ST. PETERSBURG, FL | | 4. FEI Number 20-160720 APPLIED FOR | | Applied For Not Applicable | |
| Zip 33715 | Country USA | Zip 33715 | Country USA | 5. Certificate of Status Desired X \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| GOLDSTEIN, MARK B 2700 N MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431 | | | | Name ANGEL BORISOV | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 6218 PALMA DEL MAR BLVD. S. # 308 | | | |
| | | | | | | | |
| | | | | City ST. PETERSBURG | | FL Zip Code 33715 | |

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 Angel Borjas
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

04/30/2008

FILE NOW!!! FEE IS \$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 | D AIELLO, JOHN 2700 N MILITARY TRAIL SUITE 130 BOCA RATON, FL 33431 <input checked="" 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 | P ANGEL BORISOV 6218 PALMA DEL MAR BLVD. S. #308 ST. PETERSBURG, FL 33713 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 500131068145 06/09/08--01054--015 ***300.00 <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 |
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| 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 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: Angel Boysov

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2008

Date _____ Daytime Phone # _____