PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FD 142

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN 13 AM 11:54

SEC... STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000159630

1. Corporation Name

GA ENTERPRISES OF SOUTH FLORIDA, INC.

REINSTATEMENT 05-06

2. Principal Office Address		3. Mailing Office Address	
7250 S KIRKMAN RD		7250 S KIRKMAN RD	
Suite, Apt. #, etc. SUITE 105		Suite, Apt. #, etc. SUITE 105	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32819	Country USA	Zip 32819	Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 11-24-2004

5. FEI Number 20-1921680 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ITAYLHEANDREIA DILLY

100064595631
01/26/06--01066--009 *750.00

Street Address (P.O. Box Number is Not Acceptable): 7250 KIRKMAN RD

Suite, Apt. #, etc.: SUITE 105

City: ORLANDO State: FL Zip Code: 32819

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: Itaylheandreia Dilly Date: 01/12/06

REGISTERED AGENT MUST SIGN

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
P	ITAYLHEANDREIA DILLY	P.O. BOX 771672	CORAL SPRINGS, FL 33077
VP	GIULIANO F. PINTO	P.O. BOX 771672	CORAL SPRINGS, FL 33077
D	LEONARDO L. DUN ARAUJO	P.O. BOX 771672	CORAL SPRINGS, FL 33077
D	JOAO BATISTA DA SILVA	P.O. BOX 771672	CORAL SPRINGS, FL 33077

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: Itaylheandreia Dilly 01/12/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R., for the year 2004, or any other notice from the Division Of Corporations in respect with the Corporation GA ENTERPRISES OF SOUTH FLORIDA, INC.

Thank you for your courtesy in this matter.

Itaytheandreia Dilly

ITAYTHEANDREIA DILLY
PRESIDENT