2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000159630

Address:

City-St-Zip:

PO BOX 771672

CORAL SPRINGS, FL 33077

Entity Name: GA ENTERPRISES OF SOUTH FLORIDA INC.

FILED Feb 18, 2008 Secretary of State

Littly Na	IIIE. GALINI	ERFRIGLS OF SOUTH FLORID	JA, INC.		
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
7250 SK KIRKMAN RD. SUITE 105 ORLANDO, FL 32819				2138 MORRILTON CT ORLANDO, FL 32837	
Current M	lailing Addre	ss:	New Mailing Add	New Mailing Address:	
7250 SK KIRKMAN RD. SUITE 105 ORLANDO, FL 32819				2138 MORRILTON CT ORLANDO, FL 32837	
FEI Number	: 20-1921680	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
DILLY, ITAYLHEANDREIA 7250 KIRKLAN RD. SUITE 105 ORLANDO, FL 32819 US			2138 MORRILTON	DILLY, ITAYLHEANDREIA 2138 MORRILTON CT ORLANDO, FL 32837 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: ITAYLHEANDREIA DILLY				02/18/2008	
	Electro	nic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DILLY, ITAYLI PO BOX 7716		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PINTO, GIULIA PO BOX 7716		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DUN ARAUJO, PO BOX 7716	() Delete LEONARDO L 72 IGS, FL 33077	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D () DA SILVA, JO	() Delete AO B	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ITAYLHEANDREIA DILLY PSDT 02/18/2008