



# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P04000162806</b> 1. Entity Name <b>G &amp; M PROPERTY INVESTORS, CORP.</b>						<b>FILED</b>  <b>06 APR 11 PM 1:53</b>  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1501 E. NAVAJO AVENUE TAMPA, FL 33612</b>				Mailing Address <b>1501 E. NAVAJO AVENUE TAMPA, FL 33612</b>			
2. Principal Place of Business <b>2780 E. Fowler Ave.</b> Suite, Apt. #, etc. <b>APT. # 171</b>		3. Mailing Address <b>2780 E. Fowler Ave.</b> Suite, Apt. #, etc. <b>APT. # 171</b>		 <b>REINSTATEMENT 05-06</b>			
City & State <b>TAMPA, FL.</b>		City & State <b>TAMPA, FL.</b>		4. FEI Number <b>20-1981242</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>33612</b>		Country <b>Hillsborough</b>		Zip <b>33612</b>		Country <b>Hillsborough</b>	
6. Name and Address of Current Registered Agent  <b>STARKS, MELANIE V 1501 E. NAVAJO AVENUE TAMPA, FL 33612</b>				7. Name and Address of New Registered Agent Name <b>MELANIE V. STARKS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2780 E. FOWLER Ave. # 171</b> City <b>Tampa</b>			
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 <b>Melanie V. Starks</b>			
Signature, type or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PD</b> NAME <b>STARKS, MELANIE V</b> STREET ADDRESS <b>1501 E. NAVAJO AVENUE</b> CITY-ST-ZIP <b>TAMPA, FL 33612</b>	<input type="checkbox"/> Delete			TITLE <b>SECRETARY / TREASURER</b> NAME <b>GREGORY W. SISTRUNK</b> STREET ADDRESS <b>2780 E. FOWLER Ave. # 171</b> CITY-ST-ZIP <b>TAMPA, FL. 33612</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <b>ST</b> NAME <b>SISTRUNK, GREGORY W</b> STREET ADDRESS <b>1501 E. NAVAJO AVENUE</b> CITY-ST-ZIP <b>TAMPA, FL 33612</b>	<input type="checkbox"/> Delete			TITLE <b>SECRETARY / TREASURER</b> NAME <b>GREGORY W. SISTRUNK</b> STREET ADDRESS <b>2780 E. FOWLER Ave. # 171</b> CITY-ST-ZIP <b>TAMPA, FL. 33612</b>	<input type="checkbox"/> Change <input 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: <b>Melanie Starks</b>				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MELANIE V. STARKS - President</b>			
Date <b>5/11/06</b>				Daytime Phone # <b>813-758-5986</b>			