


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000074441 1. Entity Name GMB GRANDE CANAL, INC.						FILED 07 JAN -2 AM 11: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 335 COCONUT ISLE DRIVE FORT LAUDERDALE, FL 33301 US				Mailing Address 335 COCONUT ISLE DRIVE FORT LAUDERDALE, FL 33301 US			
2. Principal Place of Business 1925 LUNAR LANE Suite, Apt. #, etc.				3. Mailing Address 1925 LUNAR LANE Suite, Apt. #, etc.			
City & State WILMINGTON, N.C. Zip 28405 Country USA				City & State WILMINGTON, N.C. Zip 28405 Country USA			
4. FEI Number 20-2880321				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GROSS, WILLIAM J ESQ C/O TRIPP SCOTT, PA 110 SE 6TH ST, 15TH FLOOR FORT LAUDERDALE, FL 33301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 \$150.00 After January 1, 2007, Fee will be \$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	DPS BOURHIS, MARC L 335 COCONUT ISLE DRIVE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1925 LUNAR LANE WILMINGTON, N.C. 28405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOURHIS, TRACY B 335 COCONUT ISLE DRIVE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1925 LUNAR LANE WILMINGTON, N.C. 28405		
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 200082912112 01/02/07--01054--010 ***300.00		
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		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				12/25/06 910 609-9285 Date Daytime Phone #			