2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT: # P05000131020 1. Entity Name GSR AND ASSOCIATES, INC. Principal Place of Business Mailing Address 3230 DUNGARVIN DRIVE 3230 DUNGARVIN DRIVE TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 2. Principal Place of Business 3. Mailing Address 2 10062006 Suite, Apt. #, etc. Suite, Apt. #, etc. REIN-P CR2E098 (11/05) City & State City & State 4. FEI Number Applied For 65-1262674 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MYERS, JULIE S Street Address (P.O. Box Number is Not Acceptable) 311 EAST PARK AVENUE TALLAHASSEE, FL 32301 City Zip Code FL 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 In accordance with s-607.193(2)(b), F.S., the corporation did not receive the prior notice. After January 1, 2007, Fee will be \$300.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ☐ Chappe ROBERTS, GARY S NAME NAME 999989848<u>9</u>0 STREET ADDRESS 3230 DUNGARVIN DRIVE STREET ADDRESS 10/18/05--01051--nnS **150.00 CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME ROBERTS, MARY ANN NAME STREET ADDRESS STREET ADDRESS 3230 DUNGARVIN DRIVE CITY-ST-ZIP TALLAHASSEE, FL 32309 CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 10-6-06

Daytime Phone #

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GSR and Associates, Inc. 3230 Dungarvan Drive Tallahassee, FL 32309-2868 850-591-2923 October 5, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Today I received a card in the mail (Document P05000131020) stating that GSR and Associates, Inc. has been "administratively dissolved or revoked" due to not filing the 2006 annual report.

This was a shock and surprise to me, as this was not my intention. My corporation was newly formed this year, and I do not recall getting a notice that I needed to file anything. Had I gotten one I certainly would have done so.

During this past February I became very ill and spent 8 days in Intensive Care. Perhaps a card arrived then, and in the aftermath was overlooked or misplaced, if it did make it to this address.

I called the Division of Corporations and was told about a \$150 fee to reincorporate, and a \$600 late fee. I am asking that, if at all possible, the \$600 fee be waived.

Sincerely,

Gary S. Roberts

GSR and Associates, Inc.