

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 OCT 13 A 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900161661849
10/13/09--01064--005 **450.00

CR2E081 (12/08)

DOCUMENT # P06000071145

1. Corporation Name

GEMINI COMMUNICATIONS CORP.

2. Principal Office Address - No P.O. Box #

9096 SW 20th STREET

3. Mailing Office Address

9096 SW 20th STREET

Suite, Apt. #, etc.

APT. C

Suite, Apt. #, etc.

APT. C

City & State

BOCA RATON

City & State

BOCA RATON

Zip

33428

Country

FLORIDA

Zip

33428

Country

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/2006

5. FEI Number
83-0458949

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALLEN E LAURIE

Street Address (P.O. Box Number is Not Acceptable)

9096 SW 20th STREET

Suite, Apt. #, Etc.

APT. C

City

BOCA RATON

State

FL

Zip Code

33428

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date 10/01/2009

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	ALLEN E. LAURIE	9096 SW 20th STREET	BOCA RATON/FLORIDA/33428

REINSTATEMENT

07-09
[Signature]

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/01/2009

Date

954-975-2445

Daytime Phone #