

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 MAR 21 PM 3:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 92000005427  
 1. Corporation Name  
GENERAL INVESTMENT PROJECT INC.

Principal Place of Business Mailing Address  
721 US #1 SUITE 223  
NORTH PALM BEACH FL. 33408  
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT** 92-97

|                                                           |  |                                              |  |                                                             |  |
|-----------------------------------------------------------|--|----------------------------------------------|--|-------------------------------------------------------------|--|
| 2. New Principal Office Address, If Applicable            |  | 3. New Mailing Office Address, If Applicable |  | 4. Date Incorporated or Qualified To Do Business in Florida |  |
| Suite, Apt. #, etc.                                       |  | Suite, Apt. #, etc.                          |  | 11-13-1992                                                  |  |
| City & State                                              |  | City & State                                 |  | 5. FEI Number <u>050309486</u>                              |  |
| Zip                                                       |  | Zip                                          |  | <u>92000005427</u>                                          |  |
| Country                                                   |  | Country                                      |  | Applied For                                                 |  |
| <u>33408</u>                                              |  | <u>US.A.</u>                                 |  | Not Applicable                                              |  |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> |  |                                              |  | \$8.75 Additional Fee required for a Certificate of Status  |  |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |                                     |                                                                                       |                            |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------|----------------------------|
| 1 Title(s)                                                                                                                    | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip       |
| PT                                                                                                                            | JEAN F. PROYET                      | 721 US #1 Ste 223                                                                     | NORTH PALM BEACH FL. 33408 |
| VP                                                                                                                            | FREBERIL BAUDET                     | 4366 INDEPENDENCE CT<br>SUITE C                                                       | SARASOTA, FL. 34234        |
|                                                                                                                               |                                     |                                                                                       | 100002123401--7            |
|                                                                                                                               |                                     |                                                                                       | -03/25/97--01047--014      |
|                                                                                                                               |                                     |                                                                                       | ***915.00 ***915.00        |
|                                                                                                                               |                                     |                                                                                       | <u>JB 3-21-97</u>          |

|                                                                          |                         |                                                                                |              |
|--------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------|--------------|
| 8. Name and Address of Current Registered Agent                          |                         | 9. Name and Address of New Registered Agent                                    |              |
| MICHEL CERENE<br>4366 INDEPENDENCE CT.<br>SUITE C.<br>SARASOTA FL. 34234 |                         | Name <u>JEAN F. PROYET</u>                                                     |              |
|                                                                          |                         | Street Address (P.O. Box Number is Not Acceptable)<br><u>721 US #1 Ste 223</u> |              |
|                                                                          |                         | Suite, Apt. #, Etc.<br><u>SUITE 223</u>                                        |              |
|                                                                          |                         | City                                                                           | State        |
|                                                                          | <u>NORTH PALM BEACH</u> | <u>FL</u>                                                                      | <u>33408</u> |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: [Signature] JEAN F. PROYET Date 3-19-1997  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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] JEAN F. PROYET 3-19-97 (561) 844 2497  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E000 (12/96)