

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 STE 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 4366 INDEPENDENCE CT. SUITE C. SARASOTA FL. 34234		Name <u>JEAN F. PROYET</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>721 US #1 Ste 223</u>	
		Suite, Apt. #, Etc. <u>SUITE 223</u>	
		City <u>NORTH PALM BEACH</u>	State Zip Code <u>FL 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)