


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000063572 1. Entity Name GOR EXPORT IMPORT, INC.	
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FILED
05 FEB 28 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 8901 SW 10 TERR MIAMI, FL 33174	Mailing Address 8901 SW 10 TERR MIAMI, FL 33174
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT

02/20/05 REINSTATEMENT 02/25/05 (6/04) 24-05

6. Name and Address of Current Registered Agent

OCHOA, MARIO M
8901 SW 10 TERR
MIAMI, FL 33174

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD OCHOA, FULGENCIO M <input type="checkbox"/> Delete 8901 SW 10 TERR MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACEVEDO, DIONISIA <input type="checkbox"/> Delete 8901 SW 10 TERR MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CANTIZANO, ANN J <input type="checkbox"/> Delete 8901 SW 10 TERR MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">300047873853</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">03/08/05--01010--018 **900.00</div>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-size: 2em; font-weight: bold;">R 3/3</div>
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 exemption stated in Section 119.07(3)(i), 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]* 2-24-05 (305) 551-2795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #