APPLICATION FOR	Kat	PARTMENT OF STAT herine Harris retary of State	E	•	• • • • • •
REINSTATEMENT	3.2	OF CORPORATIONS			
DOCUMENT # 193	000D76	742	7	901124	20 0 0:55
1. Corporation Name GLF ORIGINALS 1	NC.			•	
					The same Land
Principal Place of Business 11612. N NEBRAS!	Mailing Address	STE C			
TAMPA FL 3	3612				
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	sses are incorrect in any way, line through incorrect information and enter correction be 1 Office Address, If Applicable 3 New Mailing Office Address, If Applicable		Date Incorporated or Qualified		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			less in Florida	
City & State City & State		 	59-3209599 Applied		
Zip Country HILLS BOROU		Country		OF STATUS DESIRED	\$8.75 Additional Fee
7. Names and Street Addresses of Each Officer of Name of Officers	and/or Director (Florida no	Street Address of Ea	ich		
Title(s) and/or Directors	3	Officer and/or Direc (Do NOT Use Post Office Bo	x Numbers)	4	City / State / Zip
PSD GENEVA PERK	1115 116	olz N NEBRASK	A +C	TAMPA	<u>f</u> 3361
	REINS	TATEMENT	94-	99 -	13
	REINS	TATEMENT	94-	-06/02/	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
8. Name and Address of Curr		TATEMENT	94-	-06/02/	990106701 0.00-***1500
8. Name and Address of Curr SENEVA PERKINS		Name		-06/02/ ***150 Address of New Reg	990106701 0.00-***1500
	ent Registered Agent	Name Street Address	s (P.O. Box Number	-06/02/ ***150 Address of New Reg	990106701 0.00-***1500
GENEVA PERKINS	ent Registered Agent 5°CC. C	Nams Street Address Suite, Apt. #, 8	s (P.O. Box Number	-06/02/ ***150 Address of New Reg	990106701 0.00-***1500
GENEVA PERKINS 11612 N NEBRASKA TAMPA FL 33	ent Registered Agent 5°CC. CC 612	Name Street Address Suite, Apt. #, E	s (P.O. Box Number	-U6/U2/ ** 15(U	990106701 0.00-***1500
GENEVA PERKINS 11612 N NEBRASKA	ent Registered Agent 5°CC. CC 612	Name Street Address Suite, Apt. #, E	s (P.O. Box Number	Address of New Reg	93
GENEVA PERKINS 11612 N NETBRASKA TAMPA FL 33 10. 1. being appointed the registered agent of the	ent Registered Agent 5 (C. C. 612 above named corporation REGISTERED AGENT N ne current year	Name Street Address Suite, Apt. #, E City am familiar with and accept the	s (P.O. Box Number Etc e obligations of Sacti	address of New Reg is Not Acceptable) on 607,0505, F.S Date	99