	PROFIT		FLORIDA DEPA	RTMENT	OF STATE		FILE		0000
	RPORATION		Sandra I	B. Morti	ham	May 13			
7.0.00	1998		DIVISION OF CORPORATIONS			Secretary of State			
DOCU 1. Corporatio		1000030)507 (5))					
THE G	NGERBREAD MAN III	I, INC.							
Principal Place of Business Mailing Address 100 S.E. 2ND ST 100 S.E. 2ND ST									
STE 2600 MIAMI FL 33131		STE	STE 2900 MIAMI FL 33131			DO NOT V	VRITE IN THIS	SPACE	
	••					3. Date incorporated or Qual	ified		
	lace of Business	2a. M	lailing Address			04/21/1994 4. FEI Number		A	oplied For
Suite, Apt.	#, elc.	26 S	uite, Apt. #, etc.		· · · · · ·	65-0524590			ot Applicable Additional
2 City & Stat	•	27	ity & State			5. Certificate of Status Desire		Fee Re	equired
3		28				6. Election Campaign Financ Trust Fund Contribution	<u> </u>	Added	May Be to Fees
Zip 4	Country 25	29	φ	30 Co	untry	 This corporation owes or h Personal Property Tax due 			tangible No
1/7	p. Neme and Address o G&S REGISTERED AGEN		· · · · · · · · · · · · · · · · · · ·		81 Name	10. Name and Address of Ne	w Registered	Agent	
) S.E. 2ND STREET	CORPORATION	٩		82 Street Add	Iress (P.O. Box Number is Not Acc	eptable)		
	E 2800 NMI FL 33131				83			· · · ·	
					84 City			85 Zip	Code
11. Pursuant	to the provisions of Sections	607.0502 and 607	1508, Florida Statu	tes, the a		poration submits this statement for	FL the purpose of	- 1	
	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	607.0502 and 607 the State of Florida the obligations of, S	1508, Florida Statu Such change was Section 607.0505, Fl	tes, the a authorize lorida Sta		poration submits this statement for tion's board of directors. I hereby		- 1	
SIGNATURE	Stgnature, typed or printed name of reg	usleved agent and tille if a	ppincable (NO	TE: Register		vired when reinstating)	the purpose c accept the ap DATE	of changing it pointment as	ts registered registered
11. Pursuant office or r agent. I a SIGNATURE 12. TITLE	Stgnature, typed or printed name of reg		ppincable (NO		bove-named cor od by the corpora tutes.		the purpose c accept the ap DATE	of changing it pointment as	ts registered registered
SIGNATURE 12. Title NAME	Stgualure, typed or printed name of re- OFFIC OPST GORMAN, EARL	ustered agent and title it a ERS AND DIRECTO	policable (NO ORS	TE: Register 13. 1.11 1.21	bove-named con od by the corpora tutes. d Agent signature requ ITLE	vired when reinstating)	the purpose c accept the ap DATE	D DIRECTOF	ts registered registered
Signature 12. Title	Stgualure, typed or printed name of re- OFFIC OPST GORMAN, EARL 446 SPADINA ROAD,	ustered agent and title if a ERS AND DIRECTO	policable (NO ORS	TE: Register 13. 1.11 1.21 1.35	Dove-named cor of by the corpora tutes. Agent signature required ITLE	vired when reinstating)	the purpose c accept the ap DATE	D DIRECTOF	ts registered registered
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