

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

99 JAN 22 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P944000050807

1. Corporation Name

Gillette Industries Group, Inc.

WFB 2/12

Principal Place of Business

Mailing Address

277 Royal Poinciana Way
Suite 192
Palm Beach, FL 33480

277 Royal Poinciana Way
Suite 192
Palm Beach, FL 33480

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT

916-9800

Suite, Apt. #, etc.

Suite, Apt. #, etc.

To Do Business in Florida

775794

City & State

City & State

5. FEI Number

65-0509296

Applied For

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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
P, S, T	Donald F. Mintmire	265 Sunrise Avenue #204	Palm Beach, FL 33480

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~~-01/27/99--01072--012~~
~~***1050.00 ***1050.00~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Donald F. Mintmire
265 Sunrise Avenue
Suite 204
Palm Beach, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

Donald F. Mintmire

REGISTERED AGENT MUST SIGN

Date 11/25/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(j), 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:

Donald F. Mintmire

11/25/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #