


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000085976	
1. Entity Name G & J INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 20 AM 9:34

REINSTATEMENT 04



Principal Place of Business 6103 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653	Mailing Address 6103 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653
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2. Principal Place of Business <i>same as above</i>	3. Mailing Address <i>same as above</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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10142004	REIN-P	CR2E098 (6/04)
4. FEI Number 59-3282383		Applied For <input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ASLAN, KARIM J 6103 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653	
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7. Name and Address of New Registered Agent	
Name <i>N/A</i>	
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 <i>Karim Aslan</i>	(NOTE: Registered Agent signature required when reinstating)	DATE <i>10-18-04</i>
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FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D ASLAN, KARIM 6103 MASSACHUSETTS AVE. NEW PT-RICHEY, FL-34653

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800042014408 10/20/04--01027--009 **158.75

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: <i>KARIM ASLAN</i>	Date <i>10-18-04</i>	Daytime Phone # <i>(727) 849-7917</i>
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10/22/04