

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

<b>CORPORATION REINSTATEMENT</b>			<b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P94000085976</b>				
<b>1. Corporation Name</b> <i>G&amp;J INC</i>				
<b>2. Principal Office Address</b> <i>6103 Massachusetts Ave</i>		<b>3. Mailing Office Address</b> <i>Suite, Apt. #, etc.</i>		
<b>City &amp; State</b> <i>NEW PORT RICHEY</i>		<b>City &amp; State</b>		
<b>Zip</b> <i>34653</i>	<b>Country</b> <i>USA</i>	<b>Zip</b>	<b>Country</b>	

FILED

06 MAR 23 11:11:16

FLORIDA STATE  
TALLAHASSEE, FLORIDA

105-06

CR2E081 (12/05)

11/21/1994

**4. Date Incorporated or Qualified  
To Do Business in Florida**

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**  **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent			
Name	KARIM ASLAN		
Street Address (P.O. Box Number is Not Acceptable)	6103 Massachusetts Ave		
Suite, Apt. #, Etc.			
City	New Port Richey	State	Zip Code
		FL	34653

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of  
Registered Agent**

Date 3/17/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

5. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	Karim Aslan	6103 Massachusetts Ave. New Port Richey FL 34653	
	1/23/29		
		4000069547764 04/05/06--01042--003 ***300.00	

**10.** 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 contained in Chapter 119, 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

3/17/06 (227) 798-7250  
Date Daytime Phone #

Florida Department of Revenue  
Division of Corporation

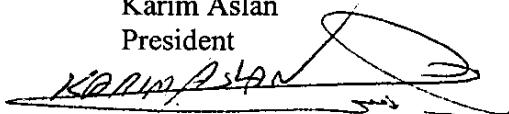
Sir;

This is to inform you that I have not received the annual report for the year 2005. Since this renewal was not paid, therefore the annual report for the year 2006 was not received either. As per my conversation with the employee, I was asked to fill out the reinstatement form and send a check for \$300.00 covering the annual fee for the year 2005 and 2006. Enclosed, please find the check representing the fees for the past 2 years.

Thank you for your cooperation in solving this problem. If additional information is needed, please do not hesitate to write or call.

Sincerely,

G & J, Inc.  
Karim Aslan  
President

A handwritten signature in black ink that reads "Karim Aslan". The signature is fluid and cursive, with a large, stylized "A" and "s" at the beginning.