
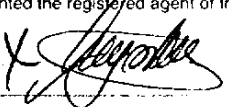



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  <b>99 JUL 29 PM 12:31</b>	
<b>DOCUMENT #</b> 895000051625		<b>REINSTATEMENT 96-99</b>			
<b>1. Corporation Name</b> GROUP G INVESTMENT CORPORATION, A FL. CORP.					
<b>Principal Place of Business</b> 601 BRICKELL KEY DRIVE STE E MIAMI, FL 33131		<b>Mailing Address</b> 601 BRICKELL KEY DRIVE STE E MIAMI, FL 33131			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Principal Office Address, If Applicable</b> 800 CLAYTON ISLAND DR. SUITE, APT. #, ETC. #3002 MIAMI FL 33131 USA		<b>3. New Mailing Office Address, If Applicable</b> 800 CLAYTON ISLAND DR. SUITE, APT. #, ETC. #3002 MIAMI FL 33131 USA		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 7/3/95  <b>5. F.I. Number</b> 59-0894629 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
DR PRVP/SEC TREAS	Edith Gutierrez	800 CLAYTON ISLAND DR. #3002	MIAMI FL 33131		
<b>8. Name and Address of Current Registered Agent</b> CARLOS E. AVILA 601 BRICKELL KEY DRIVE STE E MIAMI, FL 33131			<b>9. Name and Address of New Registered Agent</b> Name: Edith Gutierrez Street Address (Post Office Box Number is Not Acceptable): 800 CLAYTON ISLAND DRIVE Suite, Apt. #, Etc.: Apt # 3002 City: MIAMI State: FL Zip Code: 33131		
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b> Signature of Registered Agent:  REGISTERED AGENT MUST SIGN Date: 7/23/99					
<b>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>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)(i), 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.</b>					
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7/23/99 (305) 374-5702 Date Daytime Phone #		