


CAPITAL CONNECTION

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07/03 '01 12:59 NO.965 02/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 JUL -5 . PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000068302

1. Corporation Name
GENERAL INVESTMENT ENTERPRISES, INC.

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-07/13/01--01069--030
***1350.00 ***1350.00

2. Principal Office Address 6409 BAYSHORE BLVD. Suite, Apt. #, etc.		3. Mailing Office Address 6409 BAYSHORE BLVD. Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33611	Country HILLSBOROUGH	Zip 33611	Country HILLSBOROUGH

REINSTATEMENT 97-01

4. Date Incorporated or Qualified To Do Business in Florida: 9/5/95

5. FEI Number: 59-3727520
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: SHAROLYN A. MOSELEY

Street Address (P.O. Box Number is Not Acceptable): 6409 BAYSHORE BLVD.

Suite, Apt. #, Etc.

City: TAMPA
State: FL
Zip Code: 33611

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: *[Signature]* Date: 7/3/01

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	SHAROLYN A. MOSELEY	6409 BAYSHORE BLVD.	TAMPA, FL 33611
SECT	MELANIE ROSE	4715 W. CHEROKEE	TAMPA, FL 33629

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 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.

SIGNATURE: *[Signature]* SHAROLYN A. MOSELEY 7/3/01 813-831-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #