	PLEASE READ	ALL INSTRUCTIONS	BEFORE C	COMPLETING THIS FORM.	
ĀP	PLICATION	<i> </i>	INT F STATE	FILED	
	FO!	andra M Secret	Sta e	99 AUG -9 7.1110: 36	
RE	ISTAT MENT	I /ISION OF COR	ORA ONS		
DOCUMENT # 195000097376				CALLEY CHISTATE FLURIDA	
1. Corporation Name Link General Services, Corp.					`
Former name (Cabrigna's Romotions Principal Place of Business Mailing Address					
7545 E. Treasure Drive 7545 E. Treasure Drive				}	
Mami, Fl 33141 Whami, Fl 33141					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				DO NOT WRITE IN THIS SPAC	:E
2. New Principal Office Address, Il Applicable 10144 Boca Entrada Bld 10144 Boca Entrada Bld				4 Data Incorporated or Qualified	11995
Suite, Apt. #, etc. 817 Suite, Apt. #, etc.				5. FEI Number	Applied For
City & Stat	Ration Florida	City & State Paton, 7	lorda	65-0623034	Not Applicable
Zip 3347	Country	21p Count 33428			Additional Fee required Certificate of Status
7. Names	and Street Addresses of Each Officer and/	or Director (Florida nonprofit corpor			
Trtle(s)	Name of Officers and/or Directors	0	reet Address of Each fficer and/or Director Jse Post Office Box N	City / State	/ Z ip
5./	Eliena Simonatto			Drive III.	wido.
Pts	31.13 11.94/0				71 K.C.
PD	Mauricinea Souza	auricinea Souza 1014 Boca Entrada # 217			-Torida
				8000029597 -08/13/9301	7780 101009
				****150.00	****150.00
					{
				9. Name and Address of New Registered Age	
Tigana Simonatto Da Silva Arayo Mauric 1345 E Treasure Drive Street Address (P				MCO SOUZO O Box Number is Noj Acceptable) 1	10 (12.95)
				ca Entrada Blud	CR2E040
Wigni Florida 33141 DIT					
			Boca R	a ton State 7	S3428
10. I, being	g appointed the registered agent of the abor	ve named corporation, am familiar w	ith and accept the ob	,	
Signature o Registered	Agent RE	Date 64/04/9	9		
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No Sec other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, J. release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from the success, 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 the formal trustee or for director these cases for directors.					
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 a proper filing this reinstalement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made					
iees o	wed by the corporation have been paid. Th	ne information indicated on this app	ilication is true and a	ccurate, and my signature shall have the same le	egal effect as if made
SIGNATURE: 08/06/99					
	SIGNAFORE AND TYPED OR PRI	ITED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytin	ne Phone #

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Division of Corporation P.O. Box 6327 Tallahasse, Fl. 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with application.

I also state that I have not received any notice from the Division Of Corporations in respectively my corporation Gabriana's Promotions Inc.

Please be advise that Gabriana's Promotions has changed it name to Link General Services, Corp.

Thank you for your courtesy in this matter.

Mauricinea Souza

President