


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB -8 PM 12:48

CORPORATION REINSTATEMENT



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

DOCUMENT # P96000032528

1. Corporation Name
GENERAL RESOURCE SERVICES, INC.

2. Principal Office Address 908 BEACHVIEW DR.		3. Mailing Office Address 908 BEACHVIEW DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FORT WALTON BEACH, FL.		City & State FORT WALTON BEACH, FL.	
Zip 32547	Country OKALOOSA	Zip 32547	Country OKALOOSA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida 4-9-96	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number 593374567		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
MICHAEL W. CARR

Street Address (P.O. Box Number is Not Acceptable)
908 BEACHVIEW DR.

Suite, Apt. #, Etc.

City
FORT WALTON BEACH

State
FL

Zip Code
32547

300004932031-3
-02/18/02--01005-010
***1050.00 ***1050.00

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 *Michael W. Carr* Date 2/2/02
REGISTERED AGENT MUST SIGN

9. 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
(P) PRES.	MICHAEL W. CARR	908 BEACHVIEW DR.	FORT WALTON BEACH, FL.
V.P.	D D C DEE DEE U. CARR (DALE)	908 BEACHVIEW DR.	FORT WALTON BEACH, FL.

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: *Michael W. Carr* Date 2/2/02 864 850-6-2467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E081 (9/01)