


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

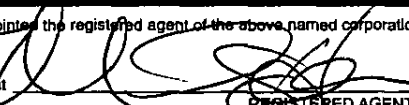
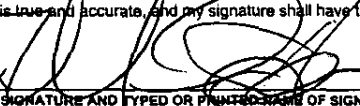
<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P96000095658			
<b>1. Corporation Name</b>  G.V.F.I. INVESTMENT CORP.			
<b>2. Principal Office Address</b> 150 S. Pine Island Rd. Suite, Apt. #, etc. Suite 500 City & State Plantation, FL Zip 33324 Country U.S.A.		<b>3. Mailing Office Address</b> 150 S. Pine Island Rd. Suite, Apt. #, etc. Suite 500 City & State Plantation, FL Zip 33324 Country U.S.A.	

**REINSTATEMENT** 00-01

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 11/20/96	
<b>5. FEI Number</b> 65-0762356	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Hellman, Maynard J.	
Street Address (P.O. Box Number is Not Acceptable) 150 S. Pine Island Road	
Suite, Apt. #, Etc. Suite 500	
City Plantation,	State FL Zip Code 33324

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-03/02/01--01079--030  
\*\*\*908.75 \*\*\*908.75

<b>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.</b>			
Signature of Registered Agent 		Date 2/13/01	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
PDS	Hall, Frank	49 Palm Avenue #500	Miami Beach, FL 33139
VP	Hellman, Maynard	150 S. Pine Island Rd.	Plantation FL 33324
<b>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.</b>			
<b>SIGNATURE:</b> 		Date 2/13/01 954-577-9177	
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date Daytime Phone #</b>	

CR2001 (9/00)