PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Jim Smith FOR FII FD Secretary of State REINSTATEM **DIVISION OF CORPORATIONS** 02 NOV 21 PM 2: 17 P97000019315 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA GAP SERVICES, INC. 700009155727 11/21/02--01105--009 **150.00 Principal Place of Business Mailing Address 4400 4TH STREET NORTH 4400 4TH STREET NORTH ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 03/03/1997 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 65-0731962 Not Applicable Zip Country Zip \$8.75 Additional Fee required for a Certificate of Status Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director PD PRATT, GEORGE 4400 4TH STREET NORTH ST. PETERSBURG FL 33703 **VD** PRATT, JANE 4400 4TH STREET NORTH ST. PETERSBURG FL 33703 STD CARARELLA, CAROL 4400 4TH STREET NORTH ST. PETERSBURG FL 33703 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent (8/02) PRATT, JANE Street Address (P.O. Box Number is Not Acceptable) CR2E040 4400 4TH STREET NORTH ST. PETERSBURG FL 33703 Suite, Apt. #, Etc. State Zip Code 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. or 617.0505, F.S. Signature of Registered Agent

11. 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 filling 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:

REGISTERED AGENT MUST SIGI

November 11, 2002

To Whom It May Concern:

We have just received a notice of Administrative Dissolution or Revocation of our corporation. We have received no other notice regarding our UBR report.

As per instructions received when we called the Division of Corporations, we are enclosing our \$150 check with the completed application for reinstatement.

Thank you.