PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION REINSTATEMENT

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

2001 UBR

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P97000041153

1. Corporation Name
GENERAL SALES SERVICES GROUP, INC.

2. Principal Office Address	**3.** Mailing Office Address
660 9th STREET N.	660 9th STREET N.
Suite, Apt. #, etc.: 31A	Suite, Apt. #, etc.: 31A
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34102 Country: USA	Zip: 34102 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05.08.97

5. FEI Number: 65-0840430 ☐ 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: ANA C. CONSTANTE

Street Address (P.O. Box Number is Not Acceptable): 660 9th STREET NORTH

Suite, Apt. #, Etc.: SUITE 31A LS

City: NAPLES State: FL Zip Code: 34102

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 _____ X Ana C. Constante REGISTERED AGENT MUST SIGN Date 12.10.01

CR2E081 (8/00)

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	ANA C CONSTANTE	660 9th STR. N, 31A	NAPLES FL 34102

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: X Ana C Constante 12.10.01 941 403 8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DEAR SIR / MADAM

SINCE WE HAVE NOT RECEIVED OUR FIRST AND/OR SECOND NOTICE, PLEASE DEFER ANY PENALTIES DUE.

TALAHASSEE, FL 12/10/01

Anna C Constante