

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 JUL -5 AM 9:28

DOCUMENT #

P97000067043

1. Corporation Name

GMF ENTERPRISES OF NAPLES INC

600004474666--1
 -07/13/01--01069--019
 ***1200.00 ***1200.00

2. Principal Office Address

4650 NW 102ND PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL 33178

Zip

33178

Country

USA

3. Mailing Office Address

4650 NW 102ND PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

REINSTATEMENT 98-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-0762618

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

GLEN M FARNSWORTH

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

4650 NW 102ND PLACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

7/1/01

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/D	GLEN M FARNSWORTH	4650 NW 102ND PLACE	MIAMI, FL 33178

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:

[Handwritten Signature]

GLEN M FARNSWORTH 6/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 591-2890

Daytime Phone #

CR2E081 (9/00)