

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

00 OCT -2 AM 10:35

DOCUMENT # *P97000069216*

1. Corporation Name **G.ALLEN INC.**

2. Principal Office Address

1402 JF Kennedy Cswy

3. Mailing Office Address

1402 JF Kennedy Cswy

Suite, Apt. #, etc.

Suite 214

Suite, Apt. #, etc.

Suite 214

City & State

North Bay Village, FL

City & State

North Bay Village, FL

Zip

33141

Country

Dade

Zip

33141

Country

Dade

REINSTATEMENT 98-00

4. Date Incorporated or Qualified To Do Business in Florida **August 11, 1997**

5. FEI Number

65-0768109

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

Roderick D.Vereen, Esq.

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

4770 Biscayne Blvd. Suite 1200

~~480003427964-2~~
-10/18/00--01002--023
***1050.00 ***1050.00

Suite, Apt. #, Etc.

Suite 1200

City

Miami

State
FL

Zip Code
33137

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

Roderick D. Vereen
REGISTERED AGENT MUST SIGN

Date **9/25/00**

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
Pres	George Powell	7918 West Dr	North BayVillage FL 33141
			AD

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:

George Powell

George Powell

9/27/2000

305-758-7284

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)