PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

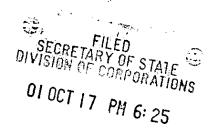
G & S, INC.

Principal Place of Business Mailing Address

BEARSS SHELL 14998 N. FLORIDA AVE. TAMPA FL 33613

14998 N FLORIDA AVE TAMPA FL 33613 US

BEARSS SHELL



CINCT	ATE	MENIT	r /	1 (

If above a	ddresses are	incorrect in any way, line t	hrough incorrect i	nformation an	d enter correction below.	REBRAGE	A R R R R B B R R R R R R R R R R R R R	a .
			New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 08/27/1997			
		Suite, Apt. #, etc.						
		City & State	City & State		5. FEI Number Applied For Not Applicat			
						6. \$8.75 Additional Fee requ		
Zip		Country	Zip		Country	CERTIFICAT		for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer an	d/or Director (Flo	orida nonprofi	t corporations must list at le	east 3 directors)		
Title(s)	itle(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip			
D CHAPALAMADUGU, SATYA		1626 LEDGESTONE DRIVE		BRANDON FL 33511				

						00	0004661 -10/31/010	3501)1064015
			М				****758.75	****758.75
				<u>-</u>	<u> </u>			
Name and Address of Current Registered Age				ent	<u> </u>	9. Name and	Address of New Registered	Agent
		Communication Control	* ~ .		Name			
CHAPA	LAMADUGU				Street Address	(B.O. Boy Number	r is Not Acceptable)	
	EDGESTON				Street Address	(P.O. BOX Number	is Not Acceptable)	
BRANDON FL 33511				Suite, Apt. #, Et	Suite, Apt. #, Etc.			
					City		Stat FL	
10. I, being	g appointed th	ne registered agent of the a	bove named corp	oration, am fa	amiliar with and accept the	obligations of Sec	tion 607.0505, F.S.	AD
		T 0					,	

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 of Registered Agent