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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000078070

1. Corporation Name
GULFPORT PLAZA, INC.

REINSTATEMENT 03

100025755601
12/24/03--01037--026 **758.75

2. Principal Office Address	3. Mailing Office Address
5281 KARLSBURG PLACE	5281 KARLSBURG PLACE
Suite, Apt. #, etc. NA	Suite, Apt. #, etc. NA
City & State PALM HARBOR, FL	City & State PALM HARBOR, FL
Zip 34685 Country PINELLAS	Zip 34685 Country PINELLAS

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 593467774 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: KENNETH ARSENAULT JR.
Street Address (P.O. Box Number is Not Acceptable): 10225 ULMERTON ROAD
Suite, Apt. #, Etc.: ~~SUITE 100~~ SUITE 2
City: LARGO State: FL Zip Code: 33771

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 _____ Date 12-22-03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
V.P	ESHAGH MALEKAN	111 E. JERICHO TURNPIKE	MINEOLA, N.Y. 11501
PRES.	ROBERT WHITE	5281 KARLSBURG PLACE	PALM HARBOR, FL 34685
SECRET.	CHERYL WHITE	5281 KARLSBURG PLACE	PALM HARBOR, FL 34685

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: Robert White FADI SABA, DIRECTOR 12/16/03 813-960-0335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #