

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

00 OCT 30 PM 2:35

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPLICATION  
 FOR  
 REINSTATEMENT

DOCUMENT # 997 000082877

1. Corporation Name  
**G.I. HOLDINGS, INC.**

Principal Place of Business Mailing Address  
**2665 SOUTH BAYSHORE DRIVE SUITE 601 MIAMI, FLORIDA 33133**  
 SAME

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **09/19/97**  
 5. FEI Number **65-0912990**  
 6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	Alberto Tarrafa	2665 South Bayshore Drive Suite 601	Miami, FL 33133
			100003471331-2 -11/20/00--01149--020 ***1058.75 ***1058.75
			<b>REINSTATEMENT 00 178</b>

8. Name and Address of Current Registered Agent  
**LUIS F. DE LA CRUZ, JR.**  
**241 SEVILLA AVENUE**  
**SUITE 805**  
**CORAL GABLES, FL 33134**

9. Name and Address of New Registered Agent  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable)  
2665 South Bayshore Drive  
 Suite, Apt. #, Etc. #601  
 City Miami State FL Zip Code 33133

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent \_\_\_\_\_ Date 6/30/00  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ALBERTO TARAF**  
 Date 6/30/00 Daytime Phone # 305 8547707