(d2 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris FILED Secretary of State DIVISION OF CORPORATIONS 01 DEC 10 AM 11: 02 F8FEEOOOO93787 SECRETARY OF STATE TALLAHASSEE FLORIDA 1. Corporation Name GARIBARdi Investment Plan 401UBK 2. Principal Office Addres 3. Mailing Office Address 11723 CARROLLWOOD COVEDR 11723 CARROLLWOOD COVE DR Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified To Do Business in Florida 10131/1997 City & State City & State Abiaola Flogida 1Ampl ADMAI 59-3476268 Not Applicable \$8.75 Additional Fee required for a Certificate of Status 3385H CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Edward 500004743565 019 Street Address (P.O. Box Number ****450.00 50.00 11723 Suite, Apt. #, Etc. Zip Code 33624 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 15/04/01 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors Titles City / State / Zip P Sual Peta V -12/31/01--01005--020 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 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 SIGNATURE:

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GARIBALDI INVESTMENT PLAN, INC.

11723 Carrollwood Cove Drive Tampa, FL 33624 Ph/fax (813) 265-9081

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, Florida 32314

December 04, 2001

Request for reinstatement

Sir/Madam,

Please, reinstate Garibaldi Investment Plan, Co. and send me additional Certificate of Status. Initial termination of the corporation was due to the fact that change of address request was not received by Division of Corporations.

Thank you for your assistance in this matter. If you have any questions, please, feel free to contact me at (813)265-9081.

Sincerely yours

P. Kucher, President

Enclosures:

- Corporation Reinstatement form
- Check for \$450.00
- Check for \$8.75