PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM			S	Secretary o	of State		05			7	
DOCUMENT # P980000 18085 1. Corporation Name							1	SECRETARY OF JEATE TALLAHASSEE, FLORIDA				
GREAT AMERICAN PROPERTIES, INC.							***					
2. Principal Office Address 2922 CARDINAL DRIVE				3. Mailing Office Address			REI	VST	ATEM	ENT (<u> 2-0</u> 5	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 02 24 1998					
City & State	O BEA	CH .	FL	City & State			5. FEI Numbe	or		`		
Zip Country 37963 INDIAN PINE			Zip Country			6. CERTIFICATE OF STATUS DESIDED \$8.75 Additional Fee required						
				7. N	ame and Add	iress of Current Regis	tered Agent			3.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7.7	or outes	
	Name	7. Name and Address of Current Registered Agent The PLUHARD G. SCHAUB, JR. Det Address (P.O. Box Number is Not Acceptable) 29.22 CARDINAL DRIVE te, Apt. #, Etc. State Zip Code FL 32963										
	Street Add	ress (P.C	SECRETARY S. JEALE TALLAHIASSEE, FLORIDA SECRETARY S. JEALE TALLAHIASSEE, FLORIDA SECRETARY S. JEALE TALLAHIASSEE, FLORIDA RELINSTRATEMENT Q2-05 A. Date incorporated or Qualified Q2- Q4 1998 Sulta, Apt. R. etc. 4. Date incorporated or Qualified Q2- Q4 1998 S. FEI Number S. F. F. S.									
	City					_/		I a				
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8. 1, being a Signature of Registered /	, WI	register	Mul	Ne	and		obligations of section				Sylvy tax	
9. Names	and Street A	ddresses	of Each Officer and	/or Director (Flo	rida nonprofit	corporations must list at	least 3 directors)			-		
Titles	Name of 1											
PRES.	D. PICHARD G. SCHAL			B, JR. 2922 CARDINAL			DENE	NGRO BEACH, FL 32963				
							04/11	100 105	50303 01006011	:321 3 **120	0.00	
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10. I certify that I am an officer or director or the receiver or frustee 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 cerporate 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 name's of ipdividuals listed on this form of 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.												
SIGNAT	SIGNATURE: 3/30 05 172.234.3156 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytimo Phone #											