

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY -2 PM 3:34

DOCUMENT # P98000022540

1. Corporation Name

General Services Practice, Inc.

~~1301~~ 3328

2. Principal Office Address

2050 West 56th St.

Suite, Apt. #, etc.

Suite 34

City & State

Hialeah, FL

Zip

33016

Country

USA

3. Mailing Office Address

2050 West 56th St.

Suite, Apt. #, etc.

Suite 34

City & State

Hialeah, FL

Zip

33016

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/98

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Salazar, Edgard Alfonso

Street Address (P.O. Box Number is Not Acceptable)

2050 West 56th St.

Suite, Apt. #, Etc.

Suite 34

City

Hialeah

State

FL

Zip Code

33016

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***1058.75 ***1058.75

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

EDGARD A. SALAZAR
REGISTERED AGENT MUST SIGN

Date 04-28-01

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
D/P/S	Salazar, Edgard Alfonso	2050 West 56th St., Apt. 34	Hialeah, FL 33016
D/T	Alvarado, Sandra	2050 West 56th St., Apt. 34	Hialeah, FL 33016

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:

EDGARD A. SALAZAR EDGARD A. SALAZAR 04/04/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #