


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAY -1 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****150.00 ****150.00

<p>CORPORATION 2001 UBR</p>  <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>	
<p>DOCUMENT # p99000007653</p> <p>1. Corporation Name GULF OF MEXICO ENTERPRISES, INC.</p>	
<p>2. Principal Office Address 1602 ALTON RD.</p> <p>Suite, Apt. #, etc. # 515</p> <p>City & State MIAMI BEACH, FL</p> <p>Zip 33139</p> <p>Country DADE</p>	<p>3. Mailing Office Address 1602 ALTON RD.</p> <p>Suite, Apt. #, etc. # 515</p> <p>City & State MIAMI BEACH, FL</p> <p>Zip 33139</p> <p>Country DADE</p>
<p>4. Date Incorporated or Qualified - To Do Business in Florida - 1/26/1999</p> <p>5. FEI Number 65-0889962</p> <p>Applied For <input type="checkbox"/> Not Applicable.</p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>	

2001 UBR

7. Name and Address of Current Registered Agent

Name
EISI MARKOVITZ

Street Address (P.O. Box Number is Not Acceptable)
1602 ALTON RD.


Suite, Apt. #, Etc.
515

City
MIAMI BEACH

State
FL

Zip Code
33139

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.

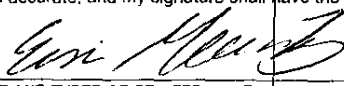
Signature of Registered Agent  Date **4/30/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/S/O	EISI MARKOVITZ	1602 ALTON RD. #515 MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139

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. I certify that 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:  Date **4/30/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #