PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM,

FILED

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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

<i>)</i>	We with the second seco	DIVISION OF CORPORATIONS		02 MAY -6 PM 3 00	
	UMENT # P9900001970 ration Name	7		SECRETARY OF STATE TALLAHASSEE, FLORDA	
	GKV HOLDINGS, INC.		e e	100055560311 -05/17/0201004026 *****300.00 *****300.00	
2. Princip	oal Office Address 712 Atlantic Shores Blvd.	3. Mailing Office Address		12/20/20 00 00 00 00 00 00 00 00 00 00 00 00 0	
Suite, Apt.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
City & State	e Hallandale,Florida	City & State		To Do Business in Florida  5. FEI Number Applied For	
<sup>Zip</sup> 330	009-2534 Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status	
		7. Name and	d Address of Current Regist	stered Agent	
	Name Gary Gambella				
	Street Address (P.O. Box Number is Not Acceptable) 712 Atlantic Shores Blvd				
	⊱Suite, Apt. #, Etc.		-		
	City Hallandale,			State Zip Code FL 33009-2534	
8. I, being	appointed the registered agent of the above	ve named corporation, a	m familiar with and accept the	ne obligations of section 607.0505 or 617.0503, F.S.	
Signature o Registered	Agelor (0)	GISTERED AGENT MU	ST SIGN	Date 5/1/02	
9. Names				at least 3 directors)	
Titles	Name of Officers and/or Directors	treet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list  Name of Street Address of E Officers and/or Directors Officer and/or Dire		ach Silver (2)	
P	Gary Gambella	395	55 Fern Forest R	Road Cooper City,F1 33026	
			-00-C	)7	
				<b>TS</b>	
*					

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Gambella



PMUF 5669 South University Drive

Davie, FL 33328 Tel: (954) 680-2311 Fax: (954) 680-8395

May 1, 2002

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

GKV Holdings, Inc. 712 Atlantic Shores Blvd. Hallandale, Florida 33009 Document # P9900019707

Dear Ms Milligan,

Per our conversation on April 17,2002 I would appreciate if you would reinstate this company for they never received the Annual Reports. I also would like you to accept our check in the amount of \$300.00.

Thank you,

Sandra S. Kase