

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2001-2003 USA

DOCUMENT # P99000038289

1. Corporation Name

G. S. Properties of Tampa, Inc.

2. Principal Office Address

815 S. Howard Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

815 S. Howard Ave.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/99

5. FEI Number

59-3589749

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Ernest L. Smith

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

815 S. Howard Ave.

Suite, Apt. #, Etc.

City

Tampa,

State

FL

Zip Code

33606

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

Ernest L. Smith
REGISTERED AGENT MUST SIGN

Date 10/14/03

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
DP	John J. Gold, Jr.	1801 Jetton Ave.	Tampa, FL 33606
DST	Ernest L. Smith	815 S. Howard Ave.	Tampa, FL 33606

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #