

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 OCT 28 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-99000041753*

1. Corporation Name

G-INVESTMENTS IN U.S INC

2. Principal Office Address - No P.O. Box #

7000 NW 2 AVE

3. Mailing Office Address

7000 NW 2 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33150

Country

US

Zip

33150

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

5/7/1999

5. FEI Number

650920958

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MIGUEL GEORGES

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

7000 NW 2 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33150

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

Miguel Georges

Date *oct 27 2010*

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
<i>p-3</i>	<i>MIGUEL GEORGES</i>	<i>7000 NW 2 AVE</i>	<i>MIAMI FL 33150</i>

10. E-mail Address: *mgeorges@comcast.net*
(To be used for future annual report notification)

11. 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. I further certify, 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:

Miguel Georges

oct 27 2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #