PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 11 AH 11: 23

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

				- 11		~ . T!"	
DOCUMENT # P 990000 75236				SECRETARY OF STATE TALLAHASSEE, FLORIGA			
BERN	vard Gaines i	nvestment	eon sultant in				
2. Principal Office Address		3. Mailing Office Address		1			
5210 GODFREY ND		Suite Ant # oto		4			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified			
City & State	· 	City & State			ness in Florida		
Const	CPOINAC EL	<u> </u>		5. FEI Numbe	<u></u>	<u></u>	Applied For
Zip	Country	Zip	Country	6.	_	 6375 add	ilonal Resocciplica
3306	7 USA			CERTIFICATE	OF STATUS DESIRED 🔲	(Trace)	Miceo di Sinius
Name CERARDO A BERMARU Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Correct Springs State City Correct Springs State State Tip Code FL 33067 B. 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							
9. Names ar	nd Street Addresses of Each Officer and	EGISTERED AGENT MUS ### AGENT MUS	ofit corporations must list at le	east 3 directors)	<u> </u>		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip		
CPD	GERNROOA.	Seannes	-5210-GodFA	eey-rd	eoral-st	RING	5 FL 3366
VD/	MARY E. BER	nard	5210 GodF	rey RD	Corpl Spri	igs_E	1.33067
SD!	Daisy SAWY	iers 5	210 GodFA	zey RD	Conni Spring	s FL.	33067
	<i>,</i>		/D A	12 UP	21	•	<u>-</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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BERNARD GAINES INVESTMENTS, INC

March 7, 2002

Florida Department of State Katherine Harris Secretary of State Division Of Corporations

Dear Sir or Madam:

RE: BERNARD GAINES INVESTMENTS CONSULTANTS, INC

DOCUMENT # P99000075236

As per our conversation, I did not receive any notices for 2000.

I would appreciate you waving the penalties.

Enclosed please find a check for \$450 for the reinstatement of the corporation

I thank you for your prompt cooperation

Sincerely,

GERARDO A. BERNARD

President, Ceo