[	PLEASE READ	ALL INST	RUCT	IONS BEFORE C	OMPLET	ING THIS FORM.		
APPLICATIÓN FLORIDA DEPARTMENT OF STAT								
FOR Secretary of State					Spania B B Same Low			
REINSTATEMENT DIVISION OF CORPORATIONS					FILED			
DOCUMENT # <b>P9900080484</b> 1. Corporation Name					01 JAN 22 PM 2:41			
GAT, INC.					SECRETARY OF STATE TALEAHASSEE, FLORIDA			
Principal Place of Business Mailing Address								
TEN BROOK LANE TEN BROOK LAN LAKELAND FL 33803 LAKELAND FL 338								
lf abovo a	addresses are incorrect in any way, line thr		<b>*</b>	D	CINST	ATEMENT	15-151	
	incipal Office Address, If Applicable			ddress, if Applicable		orated or Qualified		
Suite, Apt. #, etc. Suite, Apt. #, etc.							3/1999	
City & State	e	City & State				595033	Applied For Not Applicable	
Zip	Country	Zip Country			6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Addresses of Each Officer and Name of Officers	/or Director (Flor	rida nonpro	fit corporations must list at lea Street Address of Each				
Title(s) 1	(s) and/or Directors		Officer and/or Director			City / State / Zip		
D	D TYSON, GEORGE S		TEN BROOK LANE			LAKELAND FL 33803		
<u></u>				<u></u>				
						L'A		
						<b>LS</b>		
	8000036234						286	
						-02/01/01011 *****750.00 *	01009 ****750.00	
	8. Name and Address of Current	Registered Age	nt		9. Name and A	ddress of New Registered Age	nt	
TYSON, GEORGE'S								
TEN BROOK LANE				Street Address (P	Street Address (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33803				Suite, Apt. #, Etc. City				
10. I, being	appointed the registered agent of the abo	ove permed orpo	ration, am f	familiar with and accept the ob	ligations of Section			
Signature o Registered	Agent			SIGN		Date 12/15/2000	) 	
this rein owed by	that I am an officer or director or the receinstatement application, the reason for dissory the corporation have been paid and the rapplication is true and accurate, and my signification is true and accurate.	plution has been ( names of individu	eliminated, Ials listed c	the corporate name satisfies t on this form do not qualify for a	he requirements an exemption und	of section 607 0401 or 617 0401	ES that all fees	
SIGNAT		NTED NAME OF SI				12/15/2080 Date Daytime	Phone #	
	/	1						