PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 OCT 31 AM II: 34
DOCUMENT # P99000105659 1. Corporation Name	SECRETARY OF STATE TALLAHASSEE, FLORIDA
GEMO INTERNATIONAL Shipping &	,
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address Same Site Address	REINGREUMENTENTORT
Suite, Apt. #, etc. # 2/0 \$4.00	4. Date Incorporated or Qualified
City & State City & State	5. FG: Number Applied For
SUMRISE FL. BAME Zip Country Zip Country	650987127 Not Applicable
33313 U.S.A. SAME SAME	CERTIFICATE OF STATUS DESIRED 33,54 Additional Feb required
7. Name and Address of Current Registered Agent	
Name FRAK RANK MANNSING Street Address (P.O. Box Number is Not Acceptable) 6005 Suite, Apt. #, Etc. ##2/0	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
SUNRISE State Zip Code FL 333/3	
8. 1, 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 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 Street Address of Each Officers and/or Directors Officer and/or Director	
P ERAL L. MANNING 6005 DEL LA	#200 ECIR SUMPLISE F1.33313
YP MONICA A. MANNING 6005 DEL LAGO CIR 4210 SUNRISE, FL. 33313	
	000111535660 10/31/0701010018 **1050.00
•	000111535660
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 turther 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 contained in Chapter 119, 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: Daytone Phone #	