

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG 29 AM 8:17

DOCUMENT # 538981

1. Corporation Name
2816 G.P., INC.

REINSTATEMENT 01-05

2. Principal Office Address
3924 N. John Young Parkway
Suite, Apt. #, etc.

3. Mailing Office Address
3924 N. John Young Parkway
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip Country
32804 Orange

Zip Country
32804 Orange

4. Date Incorporated or Qualified To Do Business in Florida 3/20/1991

5. FEI Number 59-3063391

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 Giuseppe Papateo
Street Address (P.O. Box Number is Not Acceptable) 3924 N. John Young Parkway
Suite, Apt. #, Etc.
City Orlando State FL Zip Code 32804

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 [Signature] Date 8/23/05
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
Pres	Giuseppe Papateo	3924 N. John Young Parkway	Orlando, FL, 32804

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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)(l), 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] Date 8/23/05 Daytime Phone # 401-295-9995

CR2E081 (01/05)