APPLICATION FOR .
REINSTATEMENT FOR GLE 91.

FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

DIVISION OF CORPORATIONS

AND FILED

1997 MAR -7 PH 3: 51

← Make Check Payable To Department • To Department		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name and Mailing Address of Corporation DOCUMENT # V	10249	If Address in Block 1 is incorrect in any way, enter the correct addression. The NAME of the corporation can be changed only by filing amendment.
GAI Enterprises, Inc.		Address
1400 E. Oakland Park Blvd.	#103	7305 W. Sample Road
Ft. Lauderdale, Fl. 33334		Address
		Suite 108
		City and State
		Coral Springs, FL
		33065
3. Date incorporated or Qualified	4. FEI Number	☐ FEI Number Applied For
To Do Business in Florida 1/28/92	54-1487483	☐ FEI Number Not Applicable
5. Names and Street Addresses of Each Officer and/or Director		
Title Names of Officers 1 2 and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No.	Umbers) 4 City and State
D Thomas J. Martin	3714 Coral Spri	ngs Dr. Coral Springs, FL
D Lois Jean Utt	971 NW 110th Ave	enue Coral Springs, FL
		2000021092620
	SEIL	****915.00
	nem	S (A I CIVICIA I
This corporation has liability for intangil For intangible tax information call Department	ble tax under section 199.03 artment of Revenue 904-480	32, Florida Statutes. Yes No. 8-6800.
REGISTERED AGENT INFORMATION	grant speciment in making a supplement of	7. Name and Address of New Registered Agent
REGISTERED AGENT INFORMATION	Name	T. T.
6 Name and Address of Current Registered Agent		Jean Utt
Lois Jean Utt	7305	W. Sample Road
1400 E. Oakland Park Blvd. #103		Do NOT Use P.O. Box Number) 108
	City and State	Zip Code
	Coral	Springs FL 33065
8 I, being appointed the registered agent of the above named corporate Signature of Registered Agent	iori, am familiar with and accept the obli	gations of section 607.0505, F.S. Date 3/4/97
REGISTERED AGENT MUST SIGN 9 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director & Handwar Date 3/8/97 Phone # 954-340-8688		
Typed or printed name of signing officer or director. Thomas J. Martin		