PLEASE READ REP CATION HE NSTATEMENT DOCUMENT # V37 1. Corporation Name GEORGE & M Investor	PRIDA DEPARTME Sandra B. Moi Secretary of S DIVISION OF CORPO	NT OF STATE rtham State	APPROVED AND FILED 99 JAN -6 AM 9: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 4848 NW 24 Cf. # 214 LANDER dale Lakes, Fil 33313			1000027383511 -01/12/9901069016 ****465.00 ****465.00
If above addresses are incorrect in any way, line thr 2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Malling Office Address, If Applicable 7/ WELLSworth Dr. Suite, Apt. #, etc. City & State ETO BICOKE, ONTARIO Zip N9C4R4 County CANAOA		Tel Number Solution Solution
7. Names and Street Addresses of Each Officer and/ Title(s) 1 Name of Officers and/or Directors 2 HURBERT G MA	or Director (Florida nonprofit corpora Str Of 3 (Do NOT U	eet Address of Each ficer and/or Director se Post Office Box Number	City / State / Zip
S MARCE MARSH 71 WELLSWORTH DR CTOBICONE, ONTARIO, GANARD ARGCHA D PAMIELLO MARSH 311-70 REFEDER BLVD TORUNTO, CANARDA W 9W IN 6			
LAnderdale Lanco, FL. 33313 Suite, Apt.		Name Street Address (P.O. Bo Suite, Apt. #, Etc.	ame and Address of New Registered Agent X Number is Not Acceptable)
10. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date 12/11/9 8 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No			
12. 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)(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 TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Days Daystme Phone #			

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GMI G&M ÎNVESTMENTS INC.

4848 N.W. 24 Ct * Suite 214 Lauderdale Lakes* Florida 33313 Tel: (954) 484 3774/Fax (954) 714-3895

December 16, 1998

Florida Department of State Division of Corporation P. O. Box 6327 Tallahassee, Fla 32314 U.S.A.

Dear Sirs:

This is to advise you that we have telephone your office on several occasions during the past several months to obtain a renewal application form for the above company and each occasions I was informed that one would be sent out.

After contacting your office once again this month. I finally received this application form. Due to this problem we were not able to send in the payment and have our record up-to-date. Because of this situation I am asking you to please waive any other fees against the company.

Enclosed please find a cheque in the amount of \$150.00 for the annual fee and the application form which we have recently received. Should you require further information, please do not hesitate to contact me at the above telephone number.

Yours sincerely,

H. Marsh Director.

Enclosure (2)