


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 OCT 15 PM 1:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # V41461
1. Corporation Name
 Gae Stewart, Inc.

2. Principal Office Address **3. Mailing Office Address**
 1378 Clubview Court 1378 Clubview Court
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Venice, FL Venice, FL
 Zip Country Zip Country
 34292 Sarasota 34292 Sarasota

REINSTATEMENT 9821

4. Date Incorporated or Qualified To Do Business in Florida 06/04/1992
5. FEI Number 650335269 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: **Stephan D. Spangler** 400004658514--3
 Street Address (P.O. Box Number is Not Acceptable): ~~1605 Main Street~~ -10/30/01-01014-022
 Suite, Apt. #, Etc.: 1100 ***1200.00 ***1200.00
 City: **Sarasota** State: **FL** Zip Code: **34236**

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: 10/9/01
 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
P D	Alma Gae Stewart	1378 Clubview Court	Venice FL 34292
S T	Ronald E. Dudley	1378 Clubview Court	Venice FL 34292
D	Shane Stewart	3090 Sunset Beach	Venice FL 34293

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)(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]* Date: 10-10-01 Daytime Phone #: 941-486-8686
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)