## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  PEINSTATEMENT  FLORIDA DEPARTMENT OF STATE  Secretary of State				FILED	
REIN	ISTATEMENT		CORPORATIONS	03 OCT -7 AM 8: 27	
DOCUMENT # V66435  1. Corporation Name				SECRETARY OF STATE FALLAHASSEE FLORIDA	
Gad	dsden Investment, Inc.			**************************************	
				REINSTATEMENT 02-	03
,	al Office Address	3. Mailing Office Addre		700023617267 16/07/0301054009 ***908.75	
322 East Jefferson Street Suite, Apt. #, etc.		208 West Third Street Suite, Apt. #, etc.		- 10/01/00 0100/ 000 ##300.13	
				4. Date Incorporated or Qualified To Do Business in Florida 09/24/1992	
Çity & State Quincy, Florida		City & State Donalsonville, Georgia		5. FEI Number Applied For	
Zip	Country	Zip	Country	59-3149459 Not Applicabl  6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee requirements of the control of	_
32351	Gadsden	39845	Seminole Address of Current Register	ioi a certificate of Status	
	Name Dhansukhbhai Pa		to distance to the second	To Agent	
	Street Address (P.O. Box Number is Not Acceptable) 322 East Jefferson Street Suite, Apt. #, Etc.				
	City Quiincy			State Zip Code FL 32351	
8. I, being	appointed the registered agent of the abo	ve named corporation, am t	familiar with and accept the ol	obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered	Agent 1 h DM SUIC	hbhai F	atel.	Date09/24/2003	-
9. Names	and Street Addresses of Each Officer and	d/or Director (Florida nonpro	ofit corporations must list at lea	east 3 directors)	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		
Р	Dhansukhbhai Patel	208 W	est Third Street	Donalsonville, GA 39845	1
s	Niruben Patel	208 W	est Third Street	Donalsonville, GA 39845	
	•			-	]
				-	
					1
					1
this reir	nstatement application, the reason for diss	olution has been eliminated	, the corporate name satisfies	provided for in chapter 607 or 617, F.S. I further certify that when filling is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated	1
	application is true and accurate, and my s			er oath.	
SIGNAT		D.P. POLLE	Tresiclent FICER OR DIRECTOR	09/24/2003 229-524-2185	

Daytime Phone #