

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L76435
1. Corporation Name
GDI, INC.

Principal Place of Business: **2400 W. Copans Rd #8 Pompano Beach, FL. 33069**
Mailing Address: _____

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc. _____
City & State _____
Zip _____ Country _____

3. New Mailing Address, if Applicable
Suite, Apt. #, etc. _____
City & State _____
Zip _____ Country _____

4. Date Incorporated or Qualified To Do Business in Florida: **5/30/90**

5. FEI Number: **65-0196591**
Applied For: Not Applicable:

6. CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip
P&D	ARNOLD GOLDMAN	22567 CARAVELLE CIE BOCA RATON, FL 33433	Boca Raton FL 33433
V	BETS Y S. ZUCKER	22504 CARAVELLE CIE BOCA RATON FL 33433	Boca Raton FL 33433
V	ARTHUR SAMBERG	354 PEQUOT AVE	Southington CT 06490
S&D	MICHAEL S. ZUCKER	22504 CARAVELLE CIE	Boca Raton FL 33433

000002043970--9
-01/03/97-01022-025
*****375.00 *****375.00

8. Name and Address of Current Registered Agent
**Arnold Goldman
22567 CARAVELLE CIE
BOCA RATON FL, 33433**

9. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Numbers Not Applicable): **000002043970--9**
Suite, Apt. #, Etc.: **-01/03/97-01022-025**
City: _____ State: **FL** Zip Code: *******8.75 *****8.75**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.
Signature of Registered Agent: *[Signature]* Date: **12/26/96**
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(4) in the event that the information supplied is deemed exempt from public access. 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., 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: *[Signature]* **Michael S. Zucker**
Date: **12/26/96** Daytime Phone #: **954 960 0066**

FILED

96 DEC 27 PM 4:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT

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