

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

2001
 Uniform
 Business
 Report

FILED
 01 SEP 26 PM 3:32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P000000082306
 1. Corporation Name
 GAMM NETWORK, INC

100004621031--5
 -09/26/01--01070--032
 ****185.00 ****150.00

2. Principal Office Address 55 ALHAMBRA PLAZA Suite, Apt. #, etc. SUITE 700 City & State CORAL GABLES, FL Zip 33134 Country USA		3. Mailing Office Address 55 ALHAMBRA PLAZA Suite, Apt. #, etc. SUITE 700 City & State CORAL GABLES, FL Zip 33134 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 8-30-2000
 5. FEI Number 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	MICHAEL B FERNANDEZ		
Street Address (P.O. Box Number is Not Acceptable)	55 ALHAMBRA PLAZA		
Suite, Apt. #, Etc.	SUITE 700		
City	State	Zip Code	
CORAL GABLES	FL	33134	

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 _____ Date 9/25/2001

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
PST D	MICHAEL B FERNANDEZ	55 ALHAMBRA PLAZA STE 700	CORAL GABLES, FL 33134

7. 15 PM OCT 2 2001

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: _____ Date 9/25/2001 (30J) 441-9400 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (8/00)