


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000083265 1. Entity Name GAMI PROPERTIES FLORIDA, INC.	
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Principal Place of Business C/O LITMAN GERSON LLP 500 W CUMMINGS PK, #4900 WOBURN, MA 01801 US	Mailing Address C/O LITMAN GERSON LLP 500 W CUMMINGS PK, #4900 WOBURN, MA 01801 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent RANKIN, JANE C ESQ. C/O KUBICKI DRAPER ONE EAST BROWARD BOULEVARD SUITE 1600 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>JANE RANKIN</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>10/26/07</u> <small>DATE</small>

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE <u>P</u> <input type="checkbox"/> Delete NAME <u>PATEL, DINESH DR</u> STREET ADDRESS <u>500 W CUMMINGS PK, #4900</u> CITY-ST-ZIP <u>WOBURN, MA 01801</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>100111453551</u> STREET ADDRESS <u>10/29/07--01051--016</u> **158.75 CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Dinesh Patel</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>10/26/07</u> <small>Date</small>	Daytime Phone # _____ <small>Daytime Phone #</small>
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FILED
07 OCT 29 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10122007 REIN-P CR2E098 (1/07)
REINSTATEMENT
4. Fee Number 04-3296356 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**