## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P95000083265

FILED Oct 27, 2004 Secretary of State

DOCON	ILIVI <del>II</del> I JO	000000200	Secretary of State		
Entity Na	me: GAMIPR	OPERTIES FLORIDA, INC.			
Current Principal Place of Business:			New Principal Place of Business:		
	/ERLINE ROA ERDALE, FL 3				
Current Mailing Address:			New Mailing Address:		
	/ERLINE ROA ERDALE, FL 3				
FEI Number	: 04-3296356	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US			C/O KUBICKI DRAPE ONE EAST BROWAR	RANKIN, JANE C ESQ. C/O KUBICKI DRAPER ONE EAST BROWARD BOULEVARD SUITE 1600 FORT LAUDERDALE, FL 33301 US	
	named entity e of Florida.	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: JANE C. RANKIN, ESQ.				10/27/2004	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( PATEL, DINES 22 BRENT RO LEXINGTON, M	AD .	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( BISARIA, MIHU 8402 LOOKOU BOCA RATON,	T CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VSTD ( JOSHI, JAYAN 5119 SUFFOL BOCA RATON,	K DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	D ( BISARIA ATUS	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAYANT JOSHI VSTD 10/27/2004

8402 LOOKOUT CIRCLE

BOCA RATON, FL 33496

Address:

City-St-Zip: