

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 22 AM 9: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K80554**

1. Corporation Name
Gemaco Service, INC.

W09-46191

000161769840
10/15/09--01036--011 **458.75

2. Principal Office Address - No P.O. Box #

803 S Park Ave

Suite, Apt. #, etc.

3. Mailing Office Address

218 Piney woods rd

Suite, Apt. #, etc.

REINSTATEMENT 07-09

City & State

Apopka Fl. 32703

City & State

Apopka Fl.

Zip

32703

Country

USA

Zip

32703

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

4/4/1989

5. FEI Number

59-2961479

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

DERRICK DOWNER

Street Address (P.O. Box Number is Not Acceptable)

218 Piney woods rd

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/12/09**

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
P	DERRICK DOWNER	218 Piney woods rd	Apopka, Fl. 32703

REINSTATEMENT

RH

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 contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/09 407-448-2015

Date

Daytime Phone #