

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL -5 PM 5:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V08235

1. Corporation Name

GEMCO PAINTING, INC.

600003339486--1
-07/28/00--01060--029
***1508.75 ***1508.75

2. Principal Office Address

2041 NW 84th Terr.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33024

Country

USA

3. Mailing Office Address

P.O. Box 292671

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33329

Country

USA

REINSTATEMENT

95.00

4. Date Incorporated or Qualified
To Do Business in Florida

1-22-92

SP

5. FEI Number

65-0309623

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

Nancy Gemma

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

2041 NW 84th Terrace

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33024

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

Nancy Gemma

Date 6-30-00

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
P	Robert C. Gemma	2041 NW 84th Terrace	Pembroke Pines, FL 33024
S	Nancy Gemma	2041 NW 84th Terrace	Pembroke Pines, FL 33024

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:

Nancy Gemma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-00

Date

954-987-2468

Daytime Phone #

CR2E081 (9/99)