

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 495697

1. Corporation Name

G. M. I. PRODUCTS, INC.

Principal Place of Business

1301 SAWGRASS CORP PKWY
SUNRISE FL 33323
US

Mailing Address

1301 SAWGRASS CORP PKWY
SUNRISE FL 33323
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1976

5. FEI Number

59-1668972

Applied For
Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MINSKI, MEYER	1301 SAWGRASS CORP WAY	SUNRISE FL 33323
VDS	MINSKI, JOSE	1301 SAWGRASS CORP PKWY	SUNRISE FL 33323
D	MINSKI, RUBEN	1301 SAWGRASS CORP PKWY	SUNRISE FL 33323
D	MINSKI, ABRAHAM	1301 SAWGRASS CORP PKWY	SUNRISE FL 33323

700008786637

11/04/02-01064-023 **150.00

8. Name and Address of Current Registered Agent

MINSKI, MEYER
1301 SAWGRASS CORP PKWY
SUNRISE FL 33323

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/31/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

CR2040 (8/02)



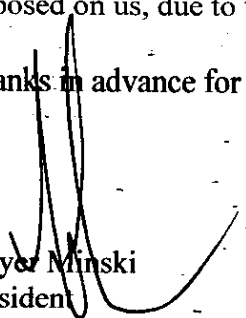
October 31, 2002

To whom it may concern:

This letter is to inform you that GMI Products, Inc had never received the 2002 Corporation Annual report neither the first notice nor the second.

We are enclosing a check for \$ 150.00 for the year 2002, and please waive the penalty imposed on us, due to the fact that we never received any notice of renewal.

Thanks in advance for your help on this most important matter,


Meyer Minski
President