

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

RECEIVED  
AND  
FILED

98 NOV 18 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 270220

1. Corporation Name

G.M.C. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

313 W. CRESCENT DRIVE  
P.O. BOX 1266  
CLEWISTON FL 33440

313 W. CRESCENT DRIVE  
P.O. BOX 1266  
CLEWISTON FL 33440

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified  
To Do Business in Florida

05/23/1963

5. FEI Number

59-1111997

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
T	LARSEN, ELLEN	313 E. CRESCENT DRIVE	CLEWISTON FL
VPS	LARSEN, ERIK C.	243 W. PARK AVE.	WINTER PARK FL
P	LARSEN, KARL E.	1001 SE 2ND STREET	BELLE GLADES FL

900002696809--0  
-11/25/98--01069--046  
\*\*\*\*750.00 \*\*\*\*750.00

11/10/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARSEN, ELLEN  
313 E CRESCENT DR  
CLEWISTON FL 33440

Name

Karl E. Larsen

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

313 E. Crescent Dr.

Suite, Apt. #, Etc.

Clewiston FL 33440

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/10/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

Karl E. Larsen - President

11/10/98

Date

Daytime Phone #

CR2E040 (9/98)