

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 3:09

DOCUMENT # **453745**

1. Corporation Name

GMAK, INC.

Principal Place of Business

Mailing Address

**2450 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409**

**2450 OKEECHOBEE BLVD.
WEST PALM BEACH FL 33409**

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1974

5. FEI Number

59-1571537

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
VD	KRANZ, MARSHA	4480 CAMROSE LANE	W PALM BCH FL
PD	KRANZ, GEORGE	4480 CAMROSE LANE	W PALM BCH FL
			300004657953--5 -10/29/01--01091--019 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KRANZ, GEORGE
4480 CAMROSE LANE
WEST PALM BEACH FL 33417**

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.

Signature of
Registered Agent

George Kranz
REGISTERED AGENT MUST SIGN

Date **10-14-01**

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:

George Kranz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/14/01 (6) 687-8441

CR2E040 (8/01)

15 October 2001

Florida Dept. of STATE
Division of GRADUATIONS
APPROVAL REQUEST SECTION
P.O. Box 6327
TALLAHASSEE, FLORIDA 32314-6327

Re: Document # 453745
S.M.A.R.K., INC.

Sir/ma'am:

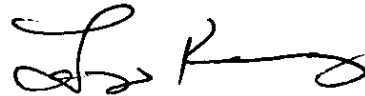
With regard to the enclosed application, I never
received my form to complete, prior to my
receiving the "Application for Reinstatement".

I am enclosing my APPROVAL fee of \$150.⁰⁰
and do hope you understand my explanation.

As you can see by my past history, all other
forms and fees were submitted in a timely
manner.

Thank you for your understanding.

Sincerely,



GEORGE KRANTZ, PRES.
S.M.A.R.K., INC
2450 ORCHARDER BLVD.
WEST PALM BEACH
FLORIDA
33409

(561) 687-8441