PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 JAN 21 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #522983

1. Corporation Name

GMS IMPORTS, INC.

Principal Place of Business / Mailing Address

1400 N.W. 65th PLACE
FORT LAUDERDALE, FLORIDA 33309

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

DO NOT WRITE IN THIS SPACE 96-97

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: Jan 1977

5. FEI Number: 59-1727664 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 (Additional copies required for a certified copy)

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	LEE BLACKWELL	319 COCONUT ISLE ~~Ft. Laud. Fla. 33301~~	FT. LAUD. FL 33301
VP	DONALD CALDER	8181 W. BROWARD BLVD #350	PLANTATION, FL. 33324
S	NICOLE MANNARINO	1604 S.W. 13th ST.	FT. LAUD. FL 33312

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-01/23/97--01057--015
****525.00 ****525.00

8. Name and Address of Current Registered Agent

N/A

9. Name and Address of New Registered Agent

Name: Nicole Mannarino
Street Address (P.O. Box Number is Not Acceptable): 1604 SW 13th Street
Suite, Apt. #, Etc.:
City: Ft. Lauderdale
State: FL Zip Code: 33312

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: 1/16/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: Lee Blackwell Lee Blackwell 1/21/97 971-6733
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)