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15 NOV 18 AM 2:05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F0100000885					
1. Corporation Name <b>GFI MANAGEMENT SERVICES, INC.</b>					
2. Principal Office Address - No P.O. Box # <b>140 Broadway, 41st Flr.</b>			3. Mailing Office Address <b>140 Broadway, 41st Flr.</b>		
Subs, Apt. #, etc.			Subs, Apt. #, etc.		
City & State <b>New York, NY</b>			City & State <b>New York, NY</b>		
Zip <b>10005</b>	Country <b>USA</b>	Zip <b>10005</b>	Country <b>USA</b>	4. Date Incorporated or Qualified To Do Business in Florida 02/16/2001	
				5. FEI Number <b>13-3697176</b>	Applied For <input type="checkbox"/> Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$0.75 additional filing fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>NRAI Services, Inc.</b>					
Street Address (P.O. Box Number is NOT Acceptable) <b>1200 South Pine Island Road</b>					
City <b>Plantation</b>					
		State <b>FL</b>	Zip Code <b>33324</b>		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent _____			Date _____		
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	Allen Gross	140 Broadway, 41st Flr.		New York, NY 10005	
10. E-mail Address: <b>agraeber@gficop.com</b> <small>(To be used for future annual report notification)</small>					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
SIGNATURE: _____		<i>John Blaz</i>		11/17/16	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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11/18/16

Division of Corporations

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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : TRIAD PROFESSIONAL SERVICES  
Account Number : I20160000008  
Phone : (850) 777-2091  
Fax Number : (770) 220-1943

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**CORPORATION REINSTATEMENT  
GFI MANAGEMENT SERVICES, INC.**

Certificate of Status	0
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