

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 16 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000003610

1. Corporation Name

GTM... IT MEANS ALOT, INC.

2. Principal Office Address - No P.O. Box #

239 WALKER STREET, SW

Suite, Apt. #, etc.

City & State

ATLANTA, GA

Zip

30313

Country

USA

3. Mailing Office Address

239 WALKER STREET, SW

Suite, Apt. #, etc.

City & State

ATLANTA, GA

Zip

30313

Country

USA

CR2E081 (12/08)

REINSTATEMENT

4. Date incorporated or qualified
To Do Business in Florida 05/22/2006

5. FEI Number
57-1156733

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Terence Hardley Asst. Secretary

Date 9/29/2009

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	KARL CARTER	239 WALKER STREET SW	ATLANTA, GA 30313
V	DARIUS EVANS	239 WALKER STREET SW	ATLANTA, GA 30313
T	SHAWN HOWARD	239 WALKER STREET SW	ATLANTA, GA 30313
S	WINFIELD TOM	239 WALKER STREET SW	ATLANTA, GA 30313

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10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Darius T. Evans

Date

8-31-09 404-522-0486

Daytime Phone #