

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F08000002291

**Entity Name:** GSM (RETAIL), INC.

**FILED**  
**Dec 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

117 WATERWORKS WAY  
IRVINE, CA 92618

**New Principal Place of Business:**

**Current Mailing Address:**

117 WATERWORKS WAY  
IRVINE, CA 92618

**New Mailing Address:**

**FEI Number:** 43-1979454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** LIZ BACHMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** NAUDE, PAUL  
**Address:** 117 WATERWORKS WAY  
**City-St-Zip:** IRVINE, CA 92618

**Title:** CFO  
**Name:** BRYANT, PETER  
**Address:** 117 WATERWORKS WAY  
**City-St-Zip:** IRVINE, CA 92618 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** PETER BRYANT

CFO

12/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date