

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 APR -6 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F10000001704

1. Corporation Name

GTM SPORTSWEAR CO.

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

520 MCCALL RD

Suite, Apt. #, etc.

3. Mailing Office Address

520 MCCALL RD

Suite, Apt. #, etc.

City & State

MANHATTAN KS

Zip

66502

Country

USA

City & State

MANHATTAN KS

Zip

66502

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
05/01/2010

5. FEI Number

48-1115882

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NATIONAL CORPORATE RESEARCH, LTD.

Street Address (P.O. Box Number is Not Acceptable)

115 NORTH CALHOUN STREET

Suite, Apt. #, Etc.

SUITE 4

City

TALLAHASSEE

State

FL

Zip Code

32301

400284268374

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

REGISTERED AGENT MUST SIGN

Date

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
PRES	DAVID DREILING	520 MCCALL RD	MANHATTAN KS 66502
CFO	ADAM GLENDENING	520 MCCALL RD	MANHATTAN KS 66502
REINSTATEMENT			
			APR 06 2016
			R. HUNT

10. E-mail Address: GTMTAX@IGTM.COM

(To be used for future annual report notification)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-16

800-336-4486

Date

Daytime Phone #

Date: 04/06/2016

Account #: I20000000088

Name: Michelle Walker

Reference #: B072753

ENTITY NAME: GTM SPORTSWEAR CO.

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Annual Report
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other: _____

RECEIVED
SERIAL # 41-
16 APR -6 AM 11:13

Authorized Amount: \$900

← Call of amount incorrect.
Thanks!

Signature: Michelle Walker

APR 06 2016

R. HUNT