

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

**\*\*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  
GAMA CHARTERS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000003883

1. Corporation Name

GAMA Charters Inc.

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

700 Great Meadow Road

Suite, Apt. #, etc.

City &amp; State

Stratford, CT

Zip

06615

Country

USA

3. Mailing Office Address

700 Great Meadow Road

Suite, Apt. #, etc.

City &amp; State

Stratford, CT

Zip

06615

Country

USA

4. Date incorporated or Qualified  
To Do Business in Florida 07/31/19965. FEI Number  
06-1130158Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

LANNON W. JONES - ASSISTANT VP

Date

8/3/11

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
CEO/S/D	Thomas Miller	700 Great Meadow Road	Stratford, CT 06615
P/T/D	John Tesei	700 Great Meadow Road	Stratford, CT 06615
V/D	Thomas Connelly	700 Great Meadow Road	Stratford, CT 06615
V/D	Robert McBride	700 Great Meadow Road	Stratford, CT 06615

10. E-mail Address: thomas.miller@gamagroup.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:

THOMAS M. MILLER

July 27, 2011 203-337-4650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/5/11