

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

99 DEC 27 PM 12: 22

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # G06139

GMC HOLDING CORPORATION
2570 SW 22 AVENUE
MIAMI, FL 33133

2. If Address in Block 1, is incorrect in any way, enter the address below. (The NAME of the Corporation can be changed only by filing an amendment.)
TALLAHASSEE, FLORIDA

Address

REINSTATEMENT

City and State

Zip Code

SB

3. Date Incorporated or Qualified
To Do Business in Florida

10/25/82

4. FEI Number

59-2502215

FEI Number Applied For

FEI Number Not Applicable

5. CERTIFICATE OF STATUS DESIRED

☐

6. Names and Street Addresses of Each Officer and/or Director

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State
P	KHOURY, G. MICHAEL	2570 SW 22 AVENUE	MIAMI, FL 33133
D	HENSON, JOHN	5757 SW 88 COURT	MIAMI, FL 33173
D	EVANS, CHRIS M	11274 FAIR WIND WAY	RESTON, VA 22090

700003087497--1
-01/04/00--01063--011
*****750.00 *****750.00

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

KHOURY, G. MICHAEL
2570 SW 22 AVENUE
MIAMI, FL 33133

8. Name and Address of New Registered Agent and/or Office

Name

KHOURY, G. MICHAEL

Street Address (Do NOT Use P.O. Box Number)

2570 SW 22 AVENUE

Street Address (Do NOT Use P.O. Box Number)

MIAMI, FL

City and State

FL.

Zip

33133

9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

G. Michael Khoury

REGISTERED AGENT MUST SIGN

Date

12/21/99

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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. 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 of
Officer or Director

G. Michael Khoury

Date

12/21/99

Daytime Phone #

305-856-5778

Typed or printed name of signing officer or director