

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G65342

1. Corporation Name

GMPCO, INC.

2. Principal Office Address

1977 FAIRVIEW DRIVE
ENGLEWOOD, FL 34223

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1977 FAIRVIEW DRIVE
ENGLEWOOD, FL 34223

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

PHILLIPS, GERALD M.

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

1977 FAIRVIEW DRIVE

Suite, Apt. #, Etc.

City

ENGLEWOOD

State
FL

Zip Code

34223-1619

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

Gerald M. Phillips

REGISTERED AGENT MUST SIGN

Date

10/28/02

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.	GERALD M. PHILLIPS	1977 FAIRVIEW DRIVE	ENGLEWOOD, FL 34223-1619
SEC. / TREAS.	JULIA A. PHILLIPS	1977 FAIRVIEW DRIVE	ENGLEWOOD, FL 34223
VP			

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 under section 119.07(3)(i), 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:

Gerald M. Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/02

Date

941-474-2298

Daytime Phone #

GERALD M. PHILLIPS

**1977 FAIRVIEW DRIVE
ENGLEWOOD, FLORIDA 34223-1619
PHONE AND FAX 941-474-2298**

October 28, 2002

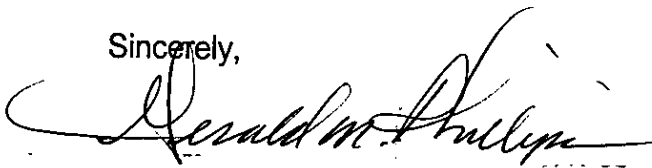
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

RE: GMPCO, Inc. Document # G65342

Dear Sir or Madam:

Please find enclosed your Corporation Reinstatement form that I have completed. Also enclosed is a check for \$300.00 representing the filing fee for the past two years. I had moved to California and then to Georgia and then back to Florida. Although I left forwarding addresses with the US Post Office, I did not receive any forms or correspondence from you for the past two years. Thank you or your assistance.

Sincerely,



Gerald M. Phillips

ENCLOSURE
I have enclosed your Corporation Reinstatement form that I have completed. Also enclosed is a check for \$300.00 representing the filing fee for the past two years. I had moved to California and then to Georgia and then back to Florida. Although I left forwarding addresses with the US Post Office, I did not receive any forms or correspondence from you for the past two years. Thank you or your assistance.