

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J51429

1. Corporation Name

GTS INVESTMENTS, INC.

Principal Place of Business

Mailing Address

11000 METRO PARKWAY
44
FT. MYERS FL 33912
US

11000 METRO PARKWAY
44
FT. MYERS FL 33912
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1987

5. FEI Number

59-2750197

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PTS	SMIETANA, GENE T.	6454 AARWOOD RD NW 11753 Highland View Dr	RAPID CITY MI 49676
VP	SMIETANA, LINDA	6454 AARWOOD RD NW 11753 Highland View Dr	RAPID CITY MI 49676
			600003851976--9 -03/14/01--01016--016 ****900.00 ****300.00

REINSTATEMENT 2000-01

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Mc GINNIS, TOM
9017 PAMELA RD NW
FORT MYERS FL 33912

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. 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

THOMAS A. GINNIS

REGISTERED AGENT MUST SIGN

Date

1/8/01

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., 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:

Gene T. Smietana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/01

251-9613

Daytime Phone #