## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	LORIDA DEPARTMENT OF STATE Secretary of State <sup>1</sup> DIVISION OF CORPORATIONS	FILED 09 OCT 22 AM 9: 23
DOCUMENT # K805  1. Corporation Name  Gemaco Se	<u>^</u>	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Gerraco Se	11100 /11 101	000161769840 1071570901036011 **458.75
	3. Mailing Office Address	DISTRICT A TODA ATSRICTO
Surte, Apt. #, etc.	218 Pineywoods Rd Suite, Apt. #, etc.	4. Date Incorporated of Qualified
Apopka F1. 32703  Zip Country 2	City & State  Abopko F1.  Zip Country	To Do Business in florida 4
32703 USA 7. Name and Address of Co	32703 U.S.A	for a Certificate of Status
Street Address (8.0. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Abobta State Zip Code FL 32703		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered egent 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		
Names and Street Addresses of Each Officer and/or     Name of	r Director (Florida nonprofit corporations must list at lea Street Address of Each	
Officers and/or Directors	Officer and/or Director	
REINSTATE	EMENT	
	RH	
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 contained in Chapter 119, 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: SIGNATURE AND TYPEU OR PRINT	ED NAME OF SIGNING OFFICER OR DIRECTOR	8/12/09 407-448-3015 Date Daytime Phone #