

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 31 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L61052

1. Corporation Name

GMA DEVELOPERS, INC.

2. Principal Office Address

P.O. Box 12228

Suite, Apt. #, etc.

City & State

NAPLES FL.

Zip

34101

Country

COLLIER

3. Mailing Office Address

P.O. Box 12228

Suite, Apt. #, etc.

City & State

NAPLES FLORIDA

Zip

34101

Country

COLLIER

REINSTATEMENT 0-03

4. Date Incorporated or Qualified
To Do Business in Florida

03-29-1990

5. FEI Number

65-0375983

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JACOB NAGAR

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

1100 PINE RIDGE RD.

Suite, Apt. #, Etc.

SUITE # 400

City

NAPLES FLORIDA 34108

State

FL

Zip Code

34108

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

REGISTERED AGENT MUST SIGN

Date

12-26-03

CR2E081 (10/02)

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
P.P. T.S.	JACOB NAGAR	1100 PINE RIDGE RD	NAPLES FL. 34108

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-26-03 239-825-8801

Daytime Phone #

GMA Developers Inc.
P.O. Box 12228
Naples, FL. 34101
PH: 239-825-8801
Email: jacobnagar@aol.com

December 26, 2003

Secretary of State Division of corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: GMA Developers Inc. a Florida profit corporation

To whom it may concern:

Enclosed for the filing please find the GMA Developers Inc.
Reinstatement form as completed. Also enclose is a check made payable to the
department of state in the amount of \$600.00 for filling fees for 2001, 2002, 2003 and
2004.


Because of the change in our address I did not receive the uniform business report
and I did not realize they were due to be filed until Collier County notified me that
the corporation was administratively dissolved for failure to file the annual report.

Per your instructions, we are enclosing the Reinstatement form and the requisite
filing fee.

Thank you for your time and attention.

Please call me if you have any question. My telephone number is 239-825-8801.

Very truly yours,



Jacob Nagar

GMA Developers Inc.