

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M19975

1. Corporation Name
GENERAL MANAGEMENT CONSULTANTS, INC

2. Principal Office Address - No P.O. Box #
364 N.E. ELM TERRACE

Suite, Apt. #, etc.

City & State
JENSEN BEACH FL.

Zip
34957

Country

3. Mailing Office Address
364 N.E. ELM TERRACE

Suite, Apt. #, etc.

City & State
JENSEN BEACH FL.

Zip
34957

Country

000215581920
12/28/11--01027--010 **1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-2746982

☐ 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
LANSAT RENEE S/T/D.

Street Address (P.O. Box Number is Not Acceptable)
364 N.E. ELM TERRACE

Suite, Apt. #, Etc.

City
JENSEN BEACH

State
FL

Zip Code
34957

REINSTATEMENT 09-12

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 Renee Lansat
REGISTERED AGENT MUST SIGN

Date 12-22-11

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	PAUL LANSAT	364 N.E. ELM TERRACE	JENSEN BEACH FL. 34957
S/T/D	RENEE LANSAT	364 N.E. ELM TERRACE	JENSEN BEACH FL. 34957

10. E-mail Address:

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Renee Lansat RENEE LANSAT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-22-11 772-225-4080
Date Daytime Phone #