

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 19 PM 2: 07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000000184

**1. Corporation Name**

GDM CAPITAL INC.

**2. Principal Office Address - No P.O. Box #**

232 GARDEN ROAD

Suite, Apt. #, etc.

City & State

PALM BEACH, FL

Zip

33480

Country

USA

**3. Mailing Office Address**

164 INDUSCO COURT

Suite, Apt. #, etc.

City & State

TROY, MI

Zip

48083

Country

USA

**REINSTATEMENT**

CR2E081 (1/07)

07

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/23/1999

**5. FEI Number**

31-1689386

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

GEORGE D. MILIDRAG

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

232 GARDEN ROAD

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

☐ 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 agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

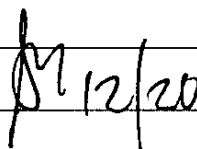
Signature of

Registered Agent

Date

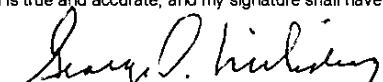
REGISTERED AGENT MUST SIGN

**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
PST	GEORGE D. MILIDRAG	232 GARDEN RD,	PALM BEACH, FL 33480
			
			800113276758 12/19/07--01038--026 **900.00

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 14-07

Date

5616768033

Daytime Phone #