

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR 26 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
01-02

DOCUMENT # P00000005517

1. Corporation Name **G.M.S.
GENERAL MAINTENANCE SERVICE, CORP.**

2. Principal Office Address

8475 SW 94 ST

Suite, Apt. #, etc.

125 E

City & State

MIAMI, FL

Zip

33156

Country

USA

3. Mailing Office Address

8475 SW 94 ST

Suite, Apt. #, etc.

125 E

City & State

MIAMI, FL

Zip

33156

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

5. FEI Number

65-0978276

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

LUIS AGUIRRE

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

8475 SW 94 ST

Suite, Apt. #, Etc.

125 E

City

MIAMI

100005310181-1

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***317.50 ***317.50

State

FL

Zip Code

33156

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
P	LUIS AGUIRRE	8475 SW 94 ST #125 E	MIAMI, FL 33156

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2002

Date

(786)251-5587

Daytime Phone #