

2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pryma

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB -2 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000019968

## 1. Corporation Name

GCM GENERAL CONSTRUCTION MANAGEMENT INC

000028012230  
02/02/04--01057--007 \*\*150.00000028012230  
02/02/04--01057--006 \*\*150.00

## 2. Principal Office Address

4945 SW 35 WAY

## 3. Mailing Office Address

2525 N STATE ROAD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

115

City &amp; State

FT LAUDERDALE, FL

City &amp; State

HOLLYWODD, FL

Zip

33312

Country

US

Zip

33021

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

## 5. FEI Number

65-0982272

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

IZHAK ORGAD

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

4945 SW 35 WAY

Suite, Apt. #, Etc.

City

FT LAUDERDALE

State

FL

Zip Code

33312

## 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

1/22/04

## 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
PD	ORGAD IZHAK	4945 SW 35 WAY	FT LAUDERDALE, FL 33312
VD	ORGAD SHOSH	4945 SW 35 WAY	FT LAUDERDALE, FL 33312

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

1/22/04

Date

954-646-6909

Daytime Phone #

CR2E081 (10/02)

*Poger*  
GCM GENERAL CONSTRUCTION MANAGEMENT INC  
4945 SW 35 WAY  
FT LAUDERDALE, FL 33312

January 22, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: GCM GENERAL CONSTRUCTION MANAGEMENT INC  
Document # 900000019968

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. The taxpayer never received the renewal form due a change in the address. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2003,  
and UBR 2004 with my fee of \$150.00.

Thank you very much for your help and understanding.

Sincerely,

Izhak Orgad