PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 14 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100022582821
08/26/03--01052--027 **150.00

DOCUMENT # P00000043386

1. Corporation Name
G.I.M.S ENTERPRISES, INC.

2. Principal Office Address	**3.** Mailing Office Address
10775 NW 58TH ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State
Zip: 33178 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-28-2000

5. FEI Number: 65-1087702 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ROBERT GARCIA

Street Address (P.O. Box Number is Not Acceptable): 18252 SW 22ND STREET

Suite, Apt. #, Etc.:

City: MIRAMAR State: FL Zip Code: 33029

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: Robert Garcia Date: 7-30-03
REGISTERED AGENT MUST SIGN

CR2E085 (6/01)

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	ROBERT GARCIA	18252 SW 22ND ST	MIRAMAR, FL 33029
		03 OCT 14 TS	

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: Robert Garcia ROBERT GARCIA 7-30-03 305 468-0154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment # 7-30-03

P00000043386 Payment

TO WHOM IT MAY CONCERN,

MY NAME IS ROBERT GARCIA AND I AM THE OWNER AND PRESIDENT OF G.I.M.S ENTERPRISES INC. MY TAX PAYER ID NUMBER IS 65-1087702 AND MY PHONE NUMBER IS 305-468-0154.

THE REASON FOR THIS LETTER IS THAT I HAVE NOT RECEIVED A LETTER FROM YOUR OFFICE IN REGARDS TO THE PAYMENT OF MY CORPORATION FEE. I SPOKE TO MY ACCOUNTANT ABOUT THIS MATTER AND HE TELLS ME THAT OTHER CUSTOMERS OF HIS HAVE HAD THE SAME PROBLEM.

I AM SENDING THE PAYMENT WITH THIS LETTER.

THANK YOU FOR YOUR PROMPT ATTENTION IN THIS MATTER.

Robert Garcia