

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 OCT -4 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # R000000 91529

1. Corporation Name

GSA Services, INC.

2. Principal Office Address

343 Almeria Ave

Suite, Apt. #, etc.

3. Mailing Office Address

6279 WARREN ST

Suite, Apt. #, etc.

City & State

Coral Gables

City & State

ST. ANNE IL

Zip

33134

Country

USA

Zip

60964

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3-1-01

5. FEI Number

65-1078495

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

SPiegel & UTRERA, P.A.

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

343 Almeria Ave

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 9/10/05

**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	FRIEDA WAGNER	6279 WARREN ST	ST ANNE IL 60964
Sec	FRIEDA WAGNER	6279 WARREN ST	ST. ANNE, IL 60964
Treas.	FRIEDA WAGNER	6279 WARREN ST	ST. ANNE IL 60964
Dir	FRIEDA WAGNER	6279 WARREN ST	ST. ANNE, IL 60964

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]* FRIEDA WAGNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/05

Date

815-932-8998

Daytime Phone #

2/2

GSG SERVICES, INC.  
6279 WARREN STREET  
ST. ANNE, IL 60964

FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

TO WHOM IT MAY CONCERN:

I AM FILING FOR REINSTATEMENT OF THIS COORPORATION . I DID NOT RECEIVE ANY FORMS FOR FILING NOR HAVE I RECEIVED ANY NOTICES REGARDING THIS COORPORATION. I WAS TOLD TO ASK FOR AN EXCEPTION TO THE FILING FEES , DUE TO THE COMMUNICATION ERROR I AM ENCLOSING THE FEE I WAS ADVISED TO INCLUDE WITH THE FORMS. WE HAVE MADE CHANGES TO OUR ARTICLES OF INCORPORATION AND THESE ARE INCLUDED WITH THE FEES.

THANK YOU,



FRIEDA WAGNER  
PRESIDENT

P000000 91529