PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 23 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000119601

1. Corporation Name
General Mechanical Service & trasnportation corp.

000018668840
05/09/03--00020--015 **590.00

2. Principal Office Address	3. Mailing Office Address
270 72 No DR	270 72 Nort DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach	City & State: West Palm Beach
Zip: 33413 Country: Fl	Zip: 33413 Country: Fl

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 651058636 ☐ 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: Ileana Arias Tovar

Street Address (P.O. Box Number is Not Acceptable): Weston Tow center 1725 Main street

Suite, Apt. #, Etc.: Suit 205

City: weston Fl State: FL Zip Code: 33326

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 04/21/03
REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
	Maria Nela Ramirez Presidenta.	1131 B Summit Place cir W.P.B FL 33415	West Palm Beach FL 33415
	Miguel Alfonso Vice - presidente	11310 Summit Place cir	West Palm Beach FL 33415
	Rolando Garcias Secretario	270 72 Nort DR	West Palm Beach FL 33413

10. I certify that I am an officer or director of the corporation 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: Yamnela Ramirez 04/21/03 561-7192189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #