

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000023761

1. Corporation Name

GFM MANAGEMENT CORP.

Principal Place of Business

1321 PILGRIM RD
SPRING HILL FL 34606

Mailing Address

1321 PILGRIM RD
SPRING HILL FL 34606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2001

5. FEI Number

593712028

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D-V	MEEHAN, FRANCIS D	1321 PILGRIM RD	SPRING HILL FL 34606
D-P	MEEHAN, GRI F	12127 WEDGEWAY CT	FAIRFAX VA 22033

900008581849

10/25/02--01008--025 **150.00

8. Name and Address of Current Registered Agent

MEEHAN, FRANCIS D
1321 PILGRIM RD
SPRING HILL FL 34606

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Signature of
Registered Agent

Francis D Meehan
REGISTERED AGENT MUST SIGN

Date 10/22/03

11. 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:

FRANCIS D MEEHAN
Francis D Meehan
Vice-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/22/02

352-597-8365
Daytime Phone #

CR2040 (8/02)

GFM MANAGEMENT CORP.
1321 Pilgrim Rd.
Spring Hill, FL. 34606

October 22, 2001

Department of State
Division of Corporations
Reinstatement Section
P O Box 6387
Tallahassee, FL. 32314

RE: Request for wavier of Reinstatement Fee for GFM Management
Corp./P01000023761

Dear Sir:

This is our first year filing this report and I do not have any record of receiving any previous notices of this report for filing this year. Therefore, I am enclosing the \$150.00 Filing fee and am requesting that you waive the \$600.00 reinstatement fee this year.

I will be sure this report is filed on a timely basis in the future.

Thanks for your help and understanding on this matter.

Regards,



Francis D Meehan
Registered Agent/Vice President