

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040115

1. Corporation Name

GMP HEALTH PLANS CONSULTING & MANAGEMENT, INC.

Principal Place of Business

1400 N E 191ST STREET, #242  
NORTH MIAMI BEACH FL 33179

Mailing Address

1400 N E 191ST STREET, #242  
NORTH MIAMI BEACH FL 33179

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

04/19/2001

5. FEI Number

65-110-99-41

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	CAMPOS-SIBERIO, ANA B PRESIDENT	1400 N E 191ST STREET, #242	NORTH MIAMI BEACH FL 33179
D	BLEIER, LIVIU VICE PRESIDENT	1400 N E 191ST STREET, #242	NORTH MIAMI BEACH FL 33179

100012386321  
02/12/03--01046--010 \*\*600.00

100012386321  
02/12/03--01046--011 \*\*8.75

8. Name and Address of Current Registered Agent

CAMPOS-SIBERIO, ANA B  
1400 N E 191ST STREET, #242  
NORTH MIAMI BEACH FL 33179

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Jan 12/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 12/03 (305) 864-8619

CR2E040 (8/02)