

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -3 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000099729

1. Corporation Name

GDM USA, INC

**REINSTATEMENT** 03.

400024388994  
11/03/03--01102--012 \*\*150.00

2. Principal Office Address

711 W CAMINO REAL

Suite, Apt. #, etc.

3. Mailing Office Address

711 W CAMINO REAL

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/15/2001

5. FEI Number

65-1149454

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

GILLES DE MAISONNEUVE

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

711 W CAMINO REAL

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33486

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

REGISTERED AGENT MUST SIGN

Date

10-31-03

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
PST	DE MAISONNEUVE GILLES	711 W CAMINO REAL	BOCA RATON FL 33486

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gilles de Maisonneuve

President

10/31/03

Date

954-605-0325

Daytime Phone #

CR2E081 (10/02)

21

October 31, 2003

To Whom It May Concern:

Please be advised that I never received the 2003 Uniform Business Report for GDM USA, INC.

My change of address was sent to you on a timely matter for 2003

Included is a check of \$150.00 for the Business Annual Report 2003 of GDM USA, INC.

Sincerely,

A handwritten signature in black ink, appearing to read 'Gilles De Maisonneuve', written over a horizontal line.

Gilles De Maisonneuve President