

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FOR
REINSTATEMENT

FILED

02 NOV -7 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000104196

1. Corporation Name

G.M.I. CONTRACTING, INC.

Principal Place of Business

10601 SW 25TH ST
DAVIE FL 33324

Mailing Address

10601 SW 25TH ST
DAVIE FL 33324

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

10/29/2001

5. FEI Number

65-1147820

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

P GALGANO, JOHN A

10601 SW 25TH ST

DAVIE FL 33324

000008601890

10/25/02-01120-006 **150.00

8. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.

3150 SANDY RIDGE DR

CLEARWATER FL 33761

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 10/21/02

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

10/21/02

Daytime Phone #

CR2E040 (8/02)

GMI Contracting, Incorporated

10601 SW 25th Street
Davie, Florida 33324

Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314


Subject: Annual Report/ Uniform Business report

To whom it may concern,

We have received your notice of dissolution effective October 4, 2002. Please be advised that we never received an annual renewal form. Our accountant informed us that we should have recieved it back in April. We did not! Furthermore, we do "not" want to dissolve, GMI Contracting, Inc. and have included herewith a check for the renewal fee.

We appreciate your cooperation and apologize for the delay.

If you have any questions, please contact us at 954-476-9004.

Thank You

John A. Galgano
President