

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 JUN 21 PM 2:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044035

1. Corporation Name  
GM SPECIALIST COMPANY

PO BOX 450886

2. Principal Office Address  
PO BOX 450886

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KISSIMMEE, FL

City & State

Zip  
34744

Country  
OSCEOLA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 04/23/2002

5. FEI Number  
74-3042921

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  
CAMRO ENTERPRISES & ACCOUNTING SVC, INC.

Street Address (P.O. Box Number is Not Acceptable)  
2006 MICHIGAN AVE

Suite, Apt. #, Etc.

City  
KISSIMMEE

State  
FL

Zip Code  
34744

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 05/05/2004

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
P	GIOVANNI MERCADO	900 ELGLISH OAK CT	KISSIMMEE, FL 34744

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/5/04

Daytime Phone #

CR2E081 (01/04)