

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 11 PM 12:08
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000058669**

1. Corporation Name

GM ENTERPRISES OF SOUTH DADE, INC.

2. Principal Office Address - No P.O. Box # **13690 SW 142 AVENUE**

3. Mailing Office Address **13690 SW 142 AVENUE**

Suite, Apt. #, etc.
SUITE 28

Suite, Apt. #, etc.
SUITE 28

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33186

Country
MIAMI DADE

Zip
33186

Country
MIAMI DADE

REINSTATEMENT 03-07

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **05/22/2002**

5. FEI Number

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
DULCE MARIA CERNADAS

Street Address (P.O. Box Number is Not Acceptable)
4693 NW 199 STREET

Suite, Apt. #, Etc.

City
MIAMI GARDENS

State
FL

Zip Code
33055

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Dulce Cernadas

Date **06/05/07**

REGISTERED AGENT MUST SIGN

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 | EDELBERTO GONZALEZ | 13690 SW 142 AVENUE, # 28 | MIAMI, FL 33186 |
| VP | EDEL GONZALEZ | 13690 SW 142 AVENUE, # 28 | MIAMI, FL 33186 |
| | <i>M/12</i> | | |
| | | | |
| | | | |

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06/15/07--01059--005 **750.00

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 contained in Chapter 119, 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

06/06/07

Date

305.218.7248

Daytime Phone #