

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
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 #