

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000025549

FILED  
Oct 21, 2005  
Secretary of State

Entity Name: GMS CONSULTING GROUP, INC.

## Current Principal Place of Business:

412 NW NORTH RIVER DRIVE  
MIAMI, FL 33128

## New Principal Place of Business:

4970 SW 72ND AVE  
SUITE 104, 1ST FLOOR  
MIAMI, FL 33155

## Current Mailing Address:

412 NW NORTH RIVER DRIVE  
MIAMI, FL 33128

## New Mailing Address:

4970 SW 72ND AVE  
SUITE 104, 1ST FLOOR  
MIAMI, FL 33155

FEI Number: 33-1046981

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OVERMANN, LYNN ESQ  
1520 NORTH ROYAL POINCIANA BLVD.  
MIAMI SPRINGS, FL 33166 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LYNN OVERMANN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GADDIS, DWAYNE K REV  
Address: 18111 NW 68TH AVE., F-203  
City-St-Zip: HIALEAH, FL 33015

Title: D ( ) Delete  
Name: CAVENDISH, STEVE  
Address: 100 SW 30TH RD.  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: LUCIEN, REGINALD  
Address: 2153 SW 17TH ST.  
City-St-Zip: MIAMI, FL 33145

Title: D ( ) Delete  
Name: CROUCH, DAVID D  
Address: 1520 N. ROYAL POINCIANA BLVD.  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D (X) Delete  
Name: MAUZY, BILL  
Address: 6950 NW 186TH ST., #117A  
City-St-Zip: HIALEAH, FL 33015

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MALDONADO, PATRICIA  
Address: 260 N.E. 17TH TERRACE, SUITE 200  
City-St-Zip: MIAMI, FL 33132

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID CROUCH

D

10/21/2005

Electronic Signature of Signing Officer or Director

Date