2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000072469

Entity Name: G.M.C. HOME BUILDERS, INC

FILED Oct 11, 2007 Secretary of State

Thirty Name: S.M.S. FIGME BOILBEING, INC			
Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
3900 COLONIAL BLVD #2 FORT MYERS, FL 33912	1434 BOTANICAL DR IMMOKALEE, FL 3414	2	
Current Mailing Address:	New Mailing Address	New Mailing Address:	
3900 COLONIAL BLVD #2 FORT MYERS, FL 33912	1434 BOTANICAL DR IMMOKALEE, FL 3414	2	
FEI Number: 16-1673929 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent: Name and Address of New Registered A		New Registered Agent:	
SILGUERO, GENARO JR 3900 COLONIAL BLVD # 2 IMMOKALEE, FL 33912 US	SILGUERO, GENARO 1434 BOTANICAL DR IMMOKALEE, FL 3414		
The above named entity submits this statement for the pur in the State of Florida.	rpose of changing its registered	office or registered agent, or both,	
SIGNATURE: GENARO SILGUERO JR		10/11/2007	
Electronic Signature of Registered Agent	t	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did not r Election Campaign Financing Trust Fund Contribution ().	eceive the prior notice.		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: P () Delete Name: SILGUERO, GENARO JR. Address: 1434 BOTANICAL DRIVE City-St-Zip: IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: VP () Delete Name: SILGUERO, ROSALIE Address: 1434 BOTANICAL DRIVE City-St-Zip: IMMOKALEE, FL 34142	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROSALIE SILGUERO VP 10/11/2007