(2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 OCT 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

Reinstatement 2008-2011 KG 10/19

DOCUMENT # P03000117754

1. Corporation Name
G & KM, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6915 S. CARTER RD.	6915 S. CARTER RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND, FL.	City & State: LAKELAND, FL.
Zip: 33813 Country: US	Zip: 33813 Country: US

CR2E051 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/2003

5. FEI Number: 41-2112893 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: GITA S. PATEL

Street Address (P.O. Box Number is Not Acceptable): 6915 S. CARTER RD.

Suite, Apt. #, Etc.

City: LAKELAND State: FL Zip Code: 33813

900212604449
09/27/11--01024--005 **236.25

900212604449
09/27/11--01024--004 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Date: 9/21/2011
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GITA S. PATEL	6915 S. CARTER RD.	LAKELAND, FL. 33813

900212604449
10/18/11--01017--005 **222.50

REINSTATEMENT 08-11

10. E-mail Address: subhashpatel106@hotmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: G Gita Patel 9/21/2011 863-648-0294
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR — Date — Daytime Phone #

dus done on AMENDMENT - name change