

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000172506

1. Corporation Name

GROUP EXECUTIVE MANAGEMENT CO., INC.

2. Principal Office Address - No P.O. Box #

515 N. BROAD STREET

Suite, Apt. #, etc.

City & State

THOMASVILLE, GA

Zip

31792

Country

USA

3. Mailing Office Address

515 N. BROAD STREET

Suite, Apt #, etc.

City & State

THOMASVILLE, GA

Zip

31792

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/28/2004

5. FEI Number
202199757

☐ 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

R. BRUCE WARREN

Street Address (P.O. Box Number is Not Acceptable)
262 HIAMONEE DRIVE

Suite, Apt #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

REGISTERED AGENT MUST SIGN

Date **8/6/2010**

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
PRES	ZACHARY S. LEWIS	515 N. BROAD STREET	THOMASVILLE, GA 31792
VP	ZACHARY S. LEWIS	515 N. BROAD STREET	THOMASVILLE, GA 31792
SEC	ZACHARY S. LEWIS	515 N. BROAD STREET	THOMASVILLE, GA 31792

10. E-mail Address: **bwarren@wbwk.com**

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 AUG 10 AM 10:45

RECEIVED
FALLS CHURCH, VIRGINIA

100184210801
08/10/10--01017--020 **750.00

100184210801
08/10/10--01017--019 **450.00
CR2E081 (6/10)

8/11/10