

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P05000161306**

1. Entity Name GMK FLEET LUBE, INC



FILED  
2008 NOV 24 AM 9:36

12-1 JM



Principal Place of Business 4568 S.E. SALVATORI ROAD  
STUART, FL 34997

Mailing Address 4568 S.E. SALVATORI ROAD  
STUART, FL 34997

2. Principal Place of Business - No P.O. Box # 2336 SE OCEAN BLVD  
Suite, Apt. #, etc. #121

3. Mailing Address 2336 SE OCEAN BLVD  
Suite, Apt. #, etc. #121

City & State STUART, FLORIDA

City & State STUART FLORIDA

Zip 34996 Country  Zip 34996 Country

REINSTATEMENT 08

4. FEI Number 74-3181175 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRUTE, GENE M  
4568 S.E. SALVATORI ROAD  
STUART, FL 34997

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 2336 SE OCEAN BLVD #121

City STUART FL Zip Code 34996

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUTE, GENE M 4568 S.E. SALVATORI ROAD STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2336 SE OCEAN BLVD #121 STUART, FLORIDA 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11/24/08 01053 006 \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRES. GENE M. KRUTE 11/26/08 (772) 215-1948  
Signature and typed or printed name of signing officer or director Date Daytime Phone #