

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 10 PM 1:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P06000025728

1. Corporation Name

GENERAL MINIATURES MANUFACTURING INC.

600243535206
01/10/13--01028--013 **350.00

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

8601 NW 4TH TERRACE

Suite, Apt. #, etc.

#6

City & State

MIAMI, FL

Zip

33126

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2-20-2006

5. FEI Number

51-0567240

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

MERCEDES L. L. GALVEZ

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

8601 NW 4TH TERRACE

Suite, Apt. #, Etc.

#6

City

MIAMI

State

FL

Zip Code

33126

600243535206
01/10/13--01028--011 **500.00

600243535206
01/10/13--01028--012 **500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature of Mercedes L. L. Galvez]

REGISTERED AGENT MUST SIGN

Date 1-10-2013

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
PVST	MERCEDES L. L. GALVEZ	8601 NW 4TH TERRACE #6	MIAMI, FL 33126

10. E-mail Address:

(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., 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:

[Signature of Mercedes L. L. Galvez]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-2013

Daytime Phone #