

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT 19 AM 11:53

DOCUMENT # P06000069401

1. Corporation Name

GAM CONSULTING, INC.

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

9161 SW 212TH TERR.

Suite, Apt. #, etc.

3. Mailing Office Address

9161 SW 212TH TERR.

Suite, Apt. #, etc.

City & State

CUTLER BAY, FL

City & State

CUTLER BAY, FL

Zip

33189

Country

Zip

33189

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2006

5. FEI Number
20-4903940

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

GILBERT MESA

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

9161 SW 212TH TERR.

Suite, Apt. #, Etc.

City

CUTLER BAY

State

FL

Zip Code

33189

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

Date 09/15/2009

REGISTERED AGENT MUST SIGN

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
PSTD	GILBERT MESA	9161 SW 212TH TERR.	CUTLER BAY, FL 33189

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GILBERT MESA

09/15/2009

Date

Daytime Phone #

10/17/08 01021 003 300.00
900161894009
10/19/09--01046--005 **150.00
CR2E081 (12/08)

SIGN
HERE

SIGN
HERE