

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
GMS CAPITAL CORP.

Certificate of Status	0
Certified Copy	0
Page Count	2
Estimated Charge	\$1,050.00

\$450.00
*reinstatement
fee waived*

Electronic Filing Menu

Corporate Filing Menu

Help

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 10 FEB -1 PM 4:51	
DOCUMENT # P07000104012					
1. Corporation Name GMS CAPITAL CORP.					
2. Principal Office Address - No P.O. Box # 1224 WASHINGTON AVENUE		3. Mailing Office Address 1224 WASHINGTON AVENUE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MIAMI BEACH FL		City & State MIAMI BEACH FL			
Zip 33139	Country USA	Zip 33139	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 09/18/2007	
5. FEI Number				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 CORPORATE CREATIONS NETWORK INC.					
Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD					
Suite, Apt. #, Etc. #221E					
City PALM BEACH GARDENS			State FL	Zip Code 33410	
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 <i>Diana Urrego</i>			Diana Urrego, Special Secretary		Date 2/1/2010
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	GEORGE METRAKOS	1224 WASHINGTON AVENUE		MIAMI BEACH FL 33139	
10. E-mail Address: annualreports@corpcreations.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 <i>Diana Urrego</i>		GEORGE METRAKOS, D by Diana Urrego as attorney-in-fact 2/1/2010		561-694-8107	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

REINSTATEMENT

08-10 KS