PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 22 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000053032

1. Corporation Name

General Services Corporation

Principal Place of Business / Mailing Address

7310 Cherry Lake Road
Groveland, FL 34736

REINSTATEMENT 1996

mwb 11-25-96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
same as above	same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: July 26, 1993

5. FEI Number: 59-3194513 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Ahmed ElDifrawi	16650 Royal Palm Drive	Groveland, FL 34736
Treas	Ahmed ElDifrawi	16650 Royal Palm Drive	Groveland, FL 34736
Sec.	Ahmed ElDifrawi	16650 Royal Palm Drive	Groveland, FL 34736
			300002015283--8
			-11/26/96--01167--001
			****375.00 ****375.00
			300002015283--8
			-11/26/96--01167--002

8. Name and Address of Current Registered Agent

Rafiah Kashmiri
16650 Royal Palm Drive
Groveland, FL 34736

9. Name and Address of New Registered Agent

Name: Ahmed ElDifrawi
Street Address (P.O. Box Number is Not Acceptable): 16650 Royal Palm Drive
Suite, Apt. #, Etc.:
City: Groveland State: FL Zip Code: 34736

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Ahmed ElDifrawi Date: 11/15/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Ahmed ElDifrawi Ahmed ElDifrawi 11/15/96 352-394-0781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #