

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

97 MAR -5 AM 9:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000078965**

1. Corporation Name
GM HOLDINGS, INC.

Principal Place of Business
**310 N.E. 39TH AVENUE
GAINESVILLE FL 32609**

Mailing Address
**310 N.E. 39TH AVENUE
GAINESVILLE FL 32609**



REINSTATEMENT

96-97

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/27/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number APPLIED FOR	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	LIUZZO, GREGORY	1619 S.W. 76TH TERRACE	GAINESVILLE FL 32607
D	LIUZZO, MICHAEL T	310 N.E. 39TH AVENUE	GAINESVILLE FL 32609
			900002105149--6 -03/05/97--01084--008 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

**LIUZZO, GREGORY L
310 N.E. 39TH AVENUE
GAINESVILLE FL 32609**

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

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

Signature of Registered Agent *[Signature]*
REGISTERED AGENT MUST SIGN

Date **3-3-97**

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 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 under section 119.07(3)(l), 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.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-97 352-376-0444
Date Daytime Phone #

CR2E040 (7/96)