

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000001917**

1. Corporation Name

GMC FUNDING, INC.

Principal Place of Business

**6142 MIRAMAR PARKWAY
SUITE A
MIRAMAR FL 33023**

Mailing Address

**6142 MIRAMAR PARKWAY
SUITE A
MIRAMAR FL 33023**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/1997

5. FEI Number

65-0717940

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MCLEARY, JESSICA	14320 LURAY ROAD WAY	FT. LAUDERDALE FL 33330
D	MCLEARY, GRAHAM	14320 LURAY ROAD WAY	FT. LAUDERDALE FL 33330
D	MCLEARY, GARY	14320 LURAY ROAD WAY	FT. LAUDERDALE FL 33330

100009418221
12/09/02--01053--026 **150.00

8. Name and Address of Current Registered Agent

**PARKE, PATRICIA
6142 MIRAMAR PARKWAY
SUITE A
MIRAMAR FL 33023**

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 named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jessica T. McJeany

12/09/02

954-987-9021

Date

Daytime Phone #

CR2E040 (8/02)



GMC FUNDING, INC.

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

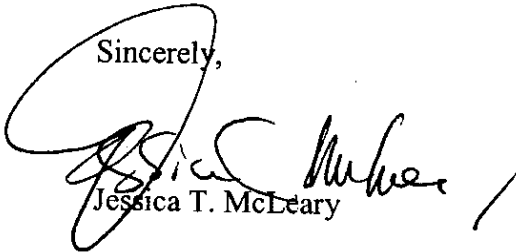
Dear Sirs:

Please note that this is the first notice that I have received for filing of the 2002 corporation annual report/uniform business report.

I received this notice in October, but due to an automobile accident I am just now able to respond.

I am enclosing the fee of \$150.00.

Sincerely,



Jessica T. McLeary