

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 17 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000014440

1. Corporation Name
GM ENTERPRISE & INVESTMENTS, INC
6662 SUNSET STRIP
SUWRISE FL 33313

2. Principal Office Address
6662 SUNSET STRIP
Suite, Apt. #, etc.

3. Mailing Office Address
6662 SUNSET STRIP
Suite, Apt. #, etc.

City & State
SUWRISE FL
Zip
33313
Country
USA

City & State
SUWRISE FL
Zip
33313
Country
USA

100023269491
09/23/03--01020--021 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida 02/11/97

5. FEI Number 65-0625697
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
GUESCLIN PINCHINAT
Street Address (P.O. Box Number is Not Acceptable)
7142 NW 67 WAY
Suite, Apt. #, Etc.
N/A
City
PARKLAND

State
FL
Zip Code
33067

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
REGISTERED AGENT MUST SIGN

Date 9/15/03

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
Pres	GUESCLIN PINCHINAT	7142 NW 67 WAY PARKLAND FL 33067	PARKLAND FL 33067

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/03
Date

Daytime Phone #

CRCE081 (10/02)

d

9/15/03 2052

To: Dept of States Division of Corporation

Enclosed please find Reinstatement Applications for my two corporations GP Realty & GMENTE. plus two checks in the amount of \$150.00 each. Please notice I did not receive UBR for any of those two corporations.

Thank you
Sincerely,
Guesclin Panchirad
