

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 8:01

DOCUMENT # P98000009861

1. Corporation Name P98000009861
HR. GMT, Inc.

2. Principal Office Address
1012 Broadway

Suite, Apt. #, etc.

City & State
Dunedin, FL

Zip
34698

Country
USA

3. Mailing Office Address
1012 Broadway

Suite, Apt. #, etc.

City & State
Dunedin, FL

Zip
34698

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 1/30/98

5. FEI Number
59-349522

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

Joseph M. Urich

Street Address (P.O. Box Number is Not Acceptable)
1012 Broadway

Suite, Apt. #, Etc.

City Dunedin

State
FL

Zip Code
34698

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 25-Oct-2002

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
P/D	Joseph M. Urich	1012 Broadway	Dunedin, FL 34698
S/D	Hans Lanik	1012 Broadway	Dunedin, FL 34698
T	Barbara M. Burke	1012 Broadway	Dunedin, FL 34698

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Oct. 2002

Date

727/736-2160

Daytime Phone #

CR2001 (9/01)