

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**  
03-13-2002 90060 001 \*\*\*150.00

1. Entity Name  
**GEMINI EQUIPMENT SALES, INC.**

**Mailing Address**  
**2815 LAKE JOSEPHINE DR**  
**SEBRING FL 33875**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Name Gerald M. Kuchinsky  
Street Address (P.O. Box Number is Not Acceptable)  
2770 University Drive  
City Coral Springs FL Zip Code 33065

SIGNATURE Robin Taylor DATE 2/2/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE ☐ Change ☐ Addition  
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CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [Signature] - Robin any OR 2/27/02 (803) 655 5727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_

David Joe Phone # \_\_\_\_\_