

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000085084**

1. Corporation Name

G.M.A., Inc.

2. Principal Office Address - No P.O. Box #

215 South Monroe Street

3. Mailing Office Address

215 South Monroe Street

Suite, Apt. #, etc.

Suite 306

Suite, Apt. #, etc.

Suite 306

City & State

Tallahassee, Florida

City & State

Tallahassee, Florida 32301

Zip

32301

Country

United States

Zip

32301

Country

United States

7. Name and Address of Current Registered Agent

Name

Adam J. Roberts

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

215 South Monroe Street

Suite, Apt. #, Etc.

Suite 306

City

Tallahassee

State

FL

Zip Code

32301

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

Adam J. Roberts

REGISTERED AGENT MUST SIGN

Date **September 22, 2010**

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
President	Wallace Gene McGee, Jr.	215 South Monroe Street, Suite 306	Tallahassee, Florida 32301
Vice President	Tanya McGee	3810 North Pine Valley Loop	Lecanto, Florida 34461

10. E-mail Address: **adam@gmalobby.com**

(To be used for future annual report notification)

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 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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:

W. H. McGee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 22, 2010 (850) 222-0500

Date

Daytime Phone #

FILED

10 SEP 22 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

April 30, 1998

5. FEI Number
593509849

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400187352544
11/03/10--01001--001 **908.75