

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 18 PM 3:48

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # P98000096538

1. Corporation Name

GMR, INC.

2. Principal Office Address

5797 C LAKE WINONA ROAD

Suite, Apt. #, etc.

City & State

DELEON SPRINGS, FL

Zip

32130

Country

US

3. Mailing Office Address

11965 N. LAKE DRIVE

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33436

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/98

5. FEI Number

593547424

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

GARY MAHLER

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

11965 NORTH LAKE DRIVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH

State

FL

Zip Code

33436

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

12-14-06

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	GARY MAHLER	1416 INTREPID DRIVE	DELAND, FL 32724

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 contained in Chapter 119, 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

Date

12-14-06

Daytime Phone #

05-06

CR2E081 (12/05)

Reinst
05-06
12/21/06

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