

182
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 21 AM 8:00

DOCUMENT # 899 888000667

1. Corporation Name

GMEC CORP

2. Principal Office Address

11052 NW 8th CT

Suite, Apt. #, etc.

City & State

PLANTATION FL.

Zip

33324

Country

U.S.A

3. Mailing Office Address

11052 NW 8th CT

Suite, Apt. #, etc.

City & State

PLANTATION FL.

Zip

33324

Country

U.S.A

REINSTATEMENT 00-04

4. Date Incorporated or Qualified
To Do Business in Florida

JAN. 05. 1999

5. FEI Number

65-0885302

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

Paul STORM

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

11052 NW 8th CT.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

400039382934

07/21/04--01051--002 **1050.00

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

Paul Storm
REGISTERED AGENT MUST SIGN

Date 7/20/04

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.	PAUL STORM	11052 NW 8 th CT	PLANTATION FL 33324

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:

Paul Storm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/20/04

Daytime Phone #

954-448-9854

CR2E081 (07/04)


208

Department of State
Divisions of Corporations
409 East GAINES St.
Tallahassee, FL 32399

7/20/04

To whom It may Concern:

~~PLEASE~~ Waive our Reinstatement fee
As we did not Receive our Annual Form for 2000.

Thank you,

Paul STORM

ANY Questions Please Contact us at 954-
448-9854.