

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP 28 PM 1:30

STATE
REINSTATEMENT FEE

DOCUMENT # P99000006624

1. Corporation Name

GMC INVESTMENTS, INC.

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

5435 PARK CENTRAL CT.

3. Mailing Office Address

5435 PARK CENTRAL CT.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

Zip

34109

Country

U.S.A.

Zip

34109

Country

U.S.A.

300161080183

09/28/09 01034-014
CR2E081 (12/08)

**1500.00

REINSTATEMENT

00-09

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/01/1999

5. FEI Number

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

WILLIAM C. McANLY

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

5435 PARK CENTRAL CT.

Suite, Apt. #, Etc.

N/A

City

NAPLES,

State

FL

Zip Code

34109

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **SEPTEMBER 24, 2009**

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	WILLIAM C. McANLY	5435 PARK CENTRAL CT.	NAPLES, FLORIDA 34109
T	BETTIE P. McANLY	2125 SCHLOSSER RD.	SEBRING, FLORIDA 33875
S	ELIZABETH BOHAN	2127 NE LAKEVIEW DR.	SEBRING, FLORIDA 33870

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

WILLIAM C. McANLY

09/24/2009

Date

(239) 593-3299

Daytime Phone #

7/29