

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAY 23 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000028092

1. Corporation Name GTO Structures Inc

2. Principal Office Address

104 COCONUT DR

Suite, Apt. #, etc.

City & State

Ft Laud FL

Zip

33315

Country

USA

3. Mailing Office Address

104 COCONUT DR

Suite, Apt. #, etc.

City & State

Ft Laud FL

Zip

33315

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

March 22, 99

5. FEI Number

650898464

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

Oscar J Wild

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

104 COCONUT DR

Suite, Apt. #, Etc.

City

Ft Laud

State

FL

Zip Code

33315

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

Oscar J Wild

Oscar J Wild

REGISTERED AGENT MUST SIGN

Date 5/18/01

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	Oscar J Wild	104 COCONUT DR	Ft Laud. FL 33315
			4000004342494--C -06/05/01-01099 009 ****300.00 ****300.00
			SP

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:

Oscar J Wild

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/01

Date

463-0435

Daytime Phone #

CR2001 (9/00)