

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 27 AM 8:45

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037605

1. Corporation Name

GMS CONSTRUCTION, INC.

2. Principal Office Address

8483 NEW KINGS ROAD

3. Mailing Office Address

P.O. BOX 66029

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32219-3615

Country

UNITED STATES

Zip

32208-6029

Country

UNITED STATES

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/99

5. FEI Number

59-3570435

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

700009717817
12/27/02--01051--013 **158.75

7. Name and Address of Current Registered Agent

Name

BROWN, JACQUELYNE A.

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

8483 NEW KINGS ROAD

Suite, Apt. #, Etc.

City

JACKSONVILLE

State
FL

Zip Code

32219-3615

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 12/26/2002

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	BROWN, JACQUELYNE A.	8483 NEW KINGS ROAD	JACKSONVILLE, FL 32219

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2002

Date

904-768-1039

Daytime Phone #

CR2E081 (9/01)

GMS CONSTRUCTION, INC.

8483 NEW KINGS ROAD ~ JACKSONVILLE, FL 32219-3615

Phone 904-768-1039 ~ Fax 904-768-0403

"Infinitely Committed to Building Excellence"

DIVISION OF CORPORATIONS
ANNUAL REPORT/REINSTATEMENT SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314-6327

RE: DOCUMENT NUMBER: P99000037605
GMS CONSTRUCTION, INC.

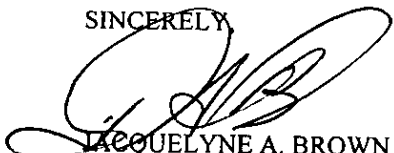
TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER TO INFORM YOU THAT I DID NOT RECEIVE MY UNIFORM BUSINESS REPORT BY MAIL AND WOULD LIKE FOR THE REINSTATEMENT FEE TO BE WAIVED.

I HAVE ENCLOSED \$150.00 FILING FEE AND AN ADDITIONAL \$8.75 FOR A CERTIFICATE OF STATUS REPORT.

THANK YOU IN ADVANCE FOR YOUR CONSIDERATION.

SINCERELY,



JACQUELYNE A. BROWN
PRESIDENT/REGISTERED AGENT

JAB/

ENCLOSURES