CORPORATION REINSTATEMENT

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

FILED

01 JUL 12 PH 2: 13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000041320

1. Corporation Name

GCT DISTRIBUTOR'S, Inc.

REINSTATEMENT 2000-01

2. Principal Office Address

10611 EDINBURGH ST

Suite, Apt. #, etc.

City & State

Cooper City Fl

Zip 33026   Country US

3. Mailing Office Address

SAme

Suite, Apt. #, etc.

City & State

Zip   Country

4. Date Incorporated or Qualified To Do Business in Florida 5/03/99

5. FEI Number 65-0925236   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 Greg Socherman

Street Address (P.O. Box Number is Not Acceptable) 10611 EDINBURGH ST

Suite, Apt. #, Etc.

City Cooper City   State FL   Zip Code 33026

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 _____   Date 2/11/01

REGISTERED AGENT MUST SIGN

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/T/D	Greg Socherman	10611 EDINBURGH ST	Cooper City Fl 32026
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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: Greg Socherman   2/11/01   954-801-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #