

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 26 PM 5:48

DOCUMENT # P99000059696

1. Corporation Name

G.C.M. ASSOCIATES, INC.

2. Principal Office Address

4250 Galt Ocean Drive

Suite, Apt. #, etc.

Apt. 15-G

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

4250 Galt Ocean Drive

Suite, Apt. #, etc.

Apt. 15-G

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/1/99

5. FEI Number

65-0931178

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

BENJAMIN GRAZIANO

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

4250 Galt Ocean Drive

Suite, Apt. #, Etc.

Apt. 15-G

City

Fort Lauderdale

State
FL

Zip Code
33308

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

BENJAMIN GRAZIANO REGISTERED AGENT MUST SIGN

Date 4-16-01

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
P/D	BENJAMIN GRAZIANO	4250 Galt Ocean Drive Apt. 15-G	Fort Lauderdale, FL 33308
VP/D	PAT CAPUZZI	14452 Long Avenue	Midlothian, IL 60445
S/T/D	LINDA MAFFEO	1200 North Ocean Drive, Apt. 200	Pompano Beach, FL 33062

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
BENJAMIN GRAZIANO

Date

Daytime Phone #

(954) 566-4189

CR2E081 (9/00)