

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAY -6 AM 8:00

REINSTATEMENT 03-04



MRB

200030734572

03/19/2004 - 08055 - 027 **750.00
 4. Date incorporated or qualified To Do Business in Florida

08/13/1999

5. FEI Number **65-0979510**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

APPLICATION FOR REINSTATEMENT

DOCUMENT # **P99000072259**
 1. Corporation Name
GELMAX CORP.

Principal Place of Business Mailing Address
200 SE 15TH ROAD, APT #8 I MIAMI FL 33129 **200 SE 15TH ROAD, APT #8 I MIAMI FL 33129**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	VILLALIBRE, ANGELA	200 SE 15TH ROAD, APT #8 I	MIAMI FL 33129

200030734572
 05/06/04--01072--018 **150.00

8. Name and Address of Current Registered Agent

VILLALIBRE, ANGELA
200 SE 15TH ROAD, APT #8 I
MIAMI FL 33129

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent _____ Date _____
 REGISTERED AGENT MUST SIGN

11. 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: ANGELA VILLALIBRE **ANGELA VILLALIBRE** 3/3/04 **3/3/04** (305) 571-5050 **(305) 571-5050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)