

2005 FOR PROFIT CORPORATION REINSTATEMENT

04-05 Rui

FILED

05 MAR -8 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312005 REIN-P CR2E098 (6/04)

4. FEI Number
59-1652686

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 499578			
1. Entity Name GRAND BAHAMA ISLAND PROMOTION BOARD, INC.			
Principal Place of Business PO BOX F40650 FREEPORT GRAND BAHAMA ISLAND,		Mailing Address PO BOX F40650 FREEPORT GRAND BAHAMA ISLAND,	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

CARLSON, SHARON CPA
2801 PONCE DE LEON BLVD.
SUITE 1100
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

100048186451
03/11/05--01006--001 **\$300.00

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	Chairman	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARNETT, ANDREW R			NAME	Willie Moss		
STREET ADDRESS	PO BOX 22857 ((N/A))			STREET ADDRESS	PO Box F40650		
CITY-ST-ZIP	FT LAUDERDALE, FL 33335			CITY-ST-ZIP	Freeport, Grand Bahama Island		
TITLE	C	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ARCHER, DONALD M			NAME	David L. Johnson		
STREET ADDRESS	PO BOX 22857 ((N/A))			STREET ADDRESS	PO Box F40650		
CITY-ST-ZIP	FT LAUDERDALE, FL 33335			CITY-ST-ZIP	Freeport, Grand Bahama Island		
TITLE	EVP	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROBERTS, TERRANCE L			NAME	Jon Markoulis		
STREET ADDRESS	P.O. BOX F-40650			STREET ADDRESS	PO Box F40650		
CITY-ST-ZIP	FREEPORT, GBI,			CITY-ST-ZIP	Freeport, Grand Bahama Island		
TITLE		<input type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Barry Malcom		
STREET ADDRESS				STREET ADDRESS	PO Box F40650		
CITY-ST-ZIP				CITY-ST-ZIP	Freeport, Grand Bahama Island		
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Erik Christiansen		
STREET ADDRESS				STREET ADDRESS	PO Box F40650		
CITY-ST-ZIP				CITY-ST-ZIP	Freeport, Grand Bahama Island		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Moss 3055299300 2/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #