PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

658256

1 Corporation Name

G.B. Land Development Corp.

N91- 20237 Mailing Address

Principal Place of Business

FILED
97 SEP 12 PM 1: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19700 Gulf Blvd., #601 Same Indian Shores, FL 33785								
11141411 5110105, 115 5510	J					Tan or	, 📣	
II above addresses are incorrect in any way, line through incorrect information and enter correct New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 3.				4. Date Incorp	OTEMEN orated or Qualified ness in Florida	03/06/80		
Suite, Apt. #, etc. Suite, Apt. #,		etc.						
City & State			5. FEI Number 59-2758919			olied For LApplicable		
7γp Country	Zip	Coun	try	- 6. CERTIFICAT	E OF STATUS DESIRED	\$8.75 Additional	Fee required	
7. Names and Street Addresses of Each Officer and	/or Director (Flo	rida nonprofit corpo	rations must list at le	ast 3 directors)				
Title(s) Name of Officers and/or Directors 2		Street Address of Eac Officer and/or Directo 3 (Do NOT Use Post Office Box		h r	Cil 4	ty / State / Zip		
D, P, S, T Eugene R. Brown		19700 Gu	alf Blvd.,	#601	Indian S	hores, FL	33785	
				6	000022 -09/16/9 ***1583	94476 9701055- 1.75 ***1	7 -007 83.75	
							.22	
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
BICHARD A. ZACUR	Name Fugene R. Brown WAUTER E. SMITH							
STUD CENTRAL AUB	Street Address (I	Street Address (P.O. Box Number is Not Acceptable) 19700 Gulf Blvd. /301 4 ^{7H} sī. N						
5200 CEUTRAL NO	Suite, Apt. #, Elc. ST. PLYE							
p.o.box 14409 ST PETE, =4 33733	City Indian Shores State Zip Code 33785							
10. If being appointed the registered agent of the above Signature of Hegistered Agent RI	egisterieo AG	eration, and familiar v	with and accept the o	bligations of Sect	on 607.0505, F.S. Date 8/28/9	33 97	70	
 Does this corporation pay a Dept. of Revenue under S. 	any intang 199.032,	jible tax to tl Florida Sta	he tutes. Yes	□ No k	(See oth	er side for informat n intangible tax.)	ion	
12. I certify that I am an officer or director or the receithis reinstalement application, the reason for dissolved by the corporation have been paid and the on this application is true and accurate, and my si	olution has been names of individ	eliminated, the corp uals listed on this fo	orate name satisfies rm do not qualify for	the requirements an exemption un	of section 607,0401 or 6	317 0401 F.S. that	all fees	
SIGNATURE: SIGNATURE AND TYPED UNPR	INTEDMANDON	SIGNING OFFICER OR	DIRECTOR		8/28/97 Date	Daytime Phone #		