

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 AM 10:02

DOCUMENT # 829720

1. Corporation Name

GBS Forms + Systems, Incorporated

KS

100178060591
04/27/10--01026--008 **750.00

2. Principal Office Address - No P.O. Box #

7233 Freedom Ave N.W.

3. Mailing Office Address

PO Box 2340

Suite, Apt. #, etc.

PO Box 2340

Suite, Apt. #, etc.

City & State

North Canton, OH

City & State

North Canton, OH

Zip

44780

Country

USA

Zip

44780

Country

USA

REINSTATEMENT

06-10

4. Date Incorporated or Qualified To Do Business in Florida

3-20-1973

5. FEI Number

34-1084079

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

Thomas J. Decaire

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

12520 Automobile Blvd.

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33762

PROFIT CORPORATIONS ONLY

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 4/20/10

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
T	Michele Benson	7233 Freedom Ave NW	North Canton, OH 44780
D	Eugene Calabria	7233 Freedom Ave NW	North Canton, OH 44780
CD	Harry Merriman	7233 Freedom Ave NW	North Canton, OH 44780
S	Michael Merriman	7233 Freedom Ave NW	North Canton, OH 44780

10. E-mail Address: MicheleB@gbscorp.com

(To be used for future annual report notification)

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. I further certify, 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

4/20/2010

Date

330-444-5330

Daytime Phone #