

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 SEP 25 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

F93000001577

GBE, INC

2. Principal Office Address

4230 ORCHARD LK RD

3. Mailing Office Address

4230 ORCHARD LK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORCHARD LAKE, MI

City & State

ORCHARD LAKE, MI

Zip

48323

Country

Zip

48323

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/31/93

5. FEI Number

38-2900412

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT**

01-02

**7. Name and Address of Current Registered Agent**

Name

LINDA LOETHEN

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

14179 GEORGIAN BAY

Suite, Apt. #, Etc.

OFFICE

City

FT. MYERS

100008048301

-09/26/02--01035--006

\*\*\*\*900.00 \*\*\*\*900.00

State  
FL

Zip Code

33912

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

Linda Loethen

REGISTERED AGENT MUST SIGN

Date 9/18/02

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	SCHMIEK, Jeffrey	777 Glades Road #201	Boca Raton FL 33434
ST	BUTLER, JAMES	7600 D PHILLIPS BLVD #23	ORLANDO FL 32819

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:

Nancy Luty

NANCY LUTY (mgmt co.)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/02

Date

Daytime Phone #

248-683-2500

gs 9/25/02