

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H29047

1. Corporation Name

G&B Services, Inc.

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

3067 NW 28 Street

Suite, Apt. #, etc.

3. Mailing Office Address

3067 NW 28 Street

Suite, Apt. #, etc.

City & State

Lauder Dale Lakes, Fl.

City & State

Lauder Dale Lakes, Fl.

Zip

33311

Country

Broward

Zip

33311

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

11-07-84

5. FEI Number

59-2461080

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

MARK BASS

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

3800 OAKS CLUB HOUSE DRIVE

Suite, Apt. #, Etc.

Apt. 101

City

Pompano Beach, FL

State

FL

Zip Code

33069

☐ The 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 1-21-10

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
pres.	Mark Bass	3800 OAKS CLUB HOUSE DRIVE	Pompano Beach, FL 33069

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Bass

Date

1-21-10

Daytime Phone #

9548492239 cell

9544858871

FILED  
10 JAN 25 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081

REINSTATEMENT  
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