

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT -6 AM 8:55

DOCUMENT # L00000008213

1. Limited Liability Company's Name

GB Development, LLC

2. Principal Office Address

5557 Bowline Bend

Suite, Apt. #, etc.

City & State

New Port Richey

Zip

34652

Country

USA

3. Mailing Office Address

5557 Bowline Bend

Suite, Apt. #, etc.

City & State

New Port Richey

Zip

34652

Country

USA

CR2E041 (8/05)

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida

07/12/2000

6. FEI Number

59-3657768

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Haider Khan

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

5557 Bowline Bend

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34652

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-04-2005

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| Mgr    | Haider Khan                          | 5557 Bowline Bend                                 | New Port Richey    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

700060781287

10/14/05 01005 002 \$250.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 10-05-2005

Daytime Phone# 727 868-8373

Typed or printed name of signing Managing Member/Manager Haider Khan