FILE NOW: FILING FEE AFTER MAY 1 IS ~~$550.00~~ $750.00

PROFIT CORPORATION

REINSTATEMENT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 NOV -4 PM 2:09

DOCUMENT # L75705 (8)

1. Corporation Name
G.B.K. OF FLORIDA, INC.

Principal Place of Business
~~5448 HOFFNER AVE~~ 3936 S. SEMORAN BLVD
~~SUIT 304~~ #121
~~ORLANDO FL 32812~~ ORLANDO, FL 32822
~~US~~

Mailing Address
~~5448 HOFFNER AVE~~
~~SUITE 304~~ same
~~ORLANDO FL 32812-2514~~
~~US~~

2. Principal Place of Business
21 3936 S. Semoran Blvd
22 Suite, Apt. #, etc. #121
23 City & State Orlando
24 Zip ~~32812~~ 32822 25 Country Orange

2a. Mailing Address
26
27 Suite, Apt. #, etc. same
28 City & State
29 Zip 32 30 Country

3. Date Incorporated or Qualified 05/22/1990
3a. Date of Last Report 05/01/1996
4. FEI Number 59-3016095 — Applied For / X Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
LAMOREAUX, KARAN M.
~~5448 HOFFNER AVE~~
~~STE. 105~~
~~ORLANDO FL 32812~~ see above

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

X SIGNATURE Karan M. Lamoreaux 27 Oct '97
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PVS	☐ DELETE
NAME	LAMOREAUX, KARAN, M	
STREET ADDRESS	~~5448 HOFFNER AVENUE, SUITE 304~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE	T	☐ DELETE
NAME	LAMOREAUX, KARAN, M	
STREET ADDRESS	~~5448 HOFFNER AVENUE, #304~~	
CITY-ST-ZIP	~~ORLANDO FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	000002340950--1	
1.4 CITY-ST-ZIP	-11/06/97--01120--018	
	****750.00 ****750.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

X SIGNATURE: Karan M. Lamoreaux 27 Oct 97