APPLICATION FOR REINSTATEMENT

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

FILED

96 DEC 18 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # MO1554

1 Corporation Name

GDB CORP.

REINSTATEMENT 13-96

Principal Place of Business	Mailing Address
821 N. Military Trail West Palm Beach, FL 33415	821 N. Military Trail West Palm Beach, FL 33415

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address. If Applicable 200 Mockingbird Trail	3. New Mailing Address. If Applicable 200 Mockingbird Trail	4. Date Incorporated or Qualified To Do Business in Florida 6/11/1984	
Suite, Apt #, etc.	Suite, Apt. #, etc.	5. FEI Number 592428777	Applied For Not Applicable
City & State Palm Beach, FL 33480	City & State Palm Beach, FL 33480	6. CERTIFICATE OF STATUS DESIRED ☐	$8.75 Additional Fee required for a Certificate of Status
Zip 33480	Country USA	Zip 33480	Country USA

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres,V.P Sec/Treas. Director	JOHN LOGSDON	200 Mockingbird Trail	Palm Beach, FL 33480
			1 00002033851--2 -12/19/96--01060--001 ****975.00 ****975.00

9612-18-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHN LOGSDON 821 N. Military Trail West Palm Beach, FL 33415	Name: JOHN LOGSDON Street Address (P.O. Box Number is Not Acceptable): 200 Mockingbird Trail Suite, Apt. #, Etc. City: Palm Beach State: FL Zip Code: 33480

CR2E040 (12/95)

10 I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *John Logsdon / Pres.*   REGISTERED AGENT MUST SIGN   Date 12/17/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.   Yes ☐   No ☒   (See other side for information on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: *John Logsdon / Pres.*   SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date 12/17/96   Daytime Phone #