

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000056234

1. Corporation Name

ALWAYS GDTRFB, INC.

REINSTATEMENT 01-03

100023743941
10/13/03--01020--024 **1050.00

2. Principal Office Address

829-B E. GULF BLVD

Suite, Apt. #, etc.

City & State

INDIAN ROCKS BEACH, FL

Zip

33785

Country

USA

3. Mailing Office Address

533 S. HOWARD AVE

Suite, Apt. #, etc.

PMB H853

City & State

TAMPA, FL 33606

Zip

33606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/9/00

5. FEI Number

59-365-2531

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

RIVERSON S. LEONARD.

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

829-B E. GULF BLVD

Suite, Apt. #, Etc.

City

INDIAN ROCKS

State

FL

Zip Code

33785

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/8/03

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 F, D	RIVERSON S. LEONARD	829-B E. GULF BLVD INDIAN ROCKS	INDIAN ROCKS FL 33785
D	RAYMOND VANCE	829-B E. GULF BLVD INDIAN ROCKS	INDIAN ROCKS, FL 33785
D	STEPHEN HANE	829-B E. GULF BLVD INDIAN ROCKS	INDIAN ROCKS FL 33785

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:

[Signature]

RIVERSON S. LEONARD PRES

Date

10/8/03

Daytime Phone #

7274809080

gr 10/13