

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED  
AND  
FILED

NOV -5 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000052373

1. Entity Name  
G & B ENGINEERING ENTERPRISES, INC.



Principal Place of Business  
1300 NE 3 ST  
APT 7  
FORT LAUDERDALE, FL 33301

Mailing Address  
1300 NE 3 ST  
APT 7  
FORT LAUDERDALE, FL 33301

2. Principal Place of Business  
3675 N. COUNTRY CLUB DRIVE  
Suite, Apt. #, etc.  
#1807

3. Mailing Address  
City & State  
MIAMI, FLA.

City & State  
MIAMI, FLA.  
Zip  
33180

City & State  
Zip  
Country

10282004 REIN-P CR2E098 (6/04)

4. FEI Number  
65-1110185  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACACCINI, GRACIELA  
1300 NE 3 ST  
APT 7  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name  
GRACIELA BRACACCINI  
Street Address (P.O. Box Number is Not Acceptable)  
3675 N. COUNTRY CLUB DR.  
#1807  
City  
MIAMI FL Zip Code  
33180

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

11/01/04

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00.

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRACACCINI, GRACIELA B 1300 NE 3 ST APT 7 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD GRACIELA BRACACCINI 3675 N. COUNTRY CLUB DR. #1807 MIAMI, FL. 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE  
*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/04

Date

Daytime Phone #