

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN 21 AM 10:47

RECEIVED
STATE
SECRETARY OF STATE
JUN 21 2006

DOCUMENT # PO20001011351

1. Corporation Name

GSB Enterprises Inc

2. Principal Office Address

5854 Norwood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

5854 Norwood Ave

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-17-02

5. FEI Number

☒ 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

Dawn A. Sutton

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

3 Wheeler Ln

Suite, Apt. #, Etc.

City

Palmdale

State

FL

Zip Code

33164

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

Dawn A. Sutton
REGISTERED AGENT MUST SIGN

Date 10-18-06

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	<u>Gregory Blue</u>	<u>5854 Norwood Ave</u>	<u>Jacksonville, FL 32208</u>
VP	<u>Gregory Blue</u>	<u>5854 Norwood Ave</u>	<u>Jacksonville, FL 32208</u>

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 contained in Chapter 119, 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:

Gregory Blue
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-06
Date

904-838-5080
Daytime Phone #