

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 SEP 18 PM 3:02

DOCUMENT # P03000121014

1. Corporation Name

G. F. Building, Inc.

2. Principal Office Address

950 Rock Hill Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

950 Rock Hill Rd.

Suite, Apt. #, etc.

City & State

Defuniak Springs, FL

Zip Country
32435 USA

City & State

Defuniak Springs, FL

Zip Country
32435 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2003

5. FEI Number

20-0345500

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Gregory S. Franklin

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

950 Rock Hill Rd.

Suite, Apt. #, Etc.

City

Defuniak Springs

State

FL

Zip Code

32435

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]

Date

9/18/2006

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------------|
| P | Gregory S. Franklin | 950 Rock Hill Rd. | Defuniak Springs, FL 32435 |
| V | Gregory S. Franklin | 950 Rock Hill Rd. | Defuniak Springs, FL 32435 |
| T | Gregory S. Franklin | 950 Rock Hill Rd. | Defuniak Springs, FL 32435 |
| S | Gregory S. Franklin | 950 Rock Hill Rd. | Defuniak Springs, FL 32435 |
| | | | |

REINSTATEMENT

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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:

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

Gregory S. Franklin 9/18/2006 (950)-855-0103

Date

Daytime Phone #