

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 NOV -1 PM 4:17

DOCUMENT # P05000115185

1. Corporation Name  
G.B. MEDICAL CENTER INC.

2. Principal Office Address

130 E COLONIAL DR

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32801

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 06

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business In Florida

08/17/2005

5. FEI Number

20-3339885

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

BERNAL, GONZALO O

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

130 E COLONIAL DR

Suite, Apt. #, Etc.

City

ORLANDO, FL

State  
FL

Zip Code

32801

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0303, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-1-06

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
P	BERNAL, GONZALO O	130 E COLONIAL DR	ORLANDO, FL 32801

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-06

Date

Daytime Phone #

Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850) 205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

**CORPORATION REINSTATEMENT**

**G.B. MEDICAL CENTER INC.**

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