

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

10 JAN 11 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700165749267  
01/11/10--01051--017 \*\*300.00

REINSTATEMENT 08-09  
01/20/10 11/1/09

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # P06000075987

1. Corporation Name

**GAB ENTERPRISES INC.  
220 CIRCLE DR.  
CAPE CANAVERAL FL 32920**

2. Principal Office Address - No P.O. Box #

220 Circle Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

220 Circle Dr.

Suite, Apt. #, etc.

City & State

Cape Canaveral FL

Zip

Country

32920

US

City & State

Cape Canaveral FL

Zip

Country

32920

US

4. Date Incorporated or Qualified  
To Do Business in Florida

6-1-06

5. FEI Number

20-5038454

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

Brain Griffin

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

220 Circle Drive

Suite, Apt. #, Etc.

City

Cape Canaveral

State

FL

Zip Code

32920

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

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
PVST	Brain Griffin	220 Circle Drive	Cape Canaveral FL 32920

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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:

Brain Griffin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/01/2010

Date

3864531475

Daytime Phone #

11250