

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JAN -2 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO8000058823**

1. Corporation Name

Gelbee and Associates, Inc.

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

2840 OAKTREE CT.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

City & State

Zip

Country

33309

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

June 2008

5. FEI Number

26-2822554

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Corp.

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

George L. Braeunig

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

2840 OAK TREE CT.

Suite, Apt. #, etc.

City

Oakland Park,

State

FL

Zip Code

33309

300255166723
01/02/14--01012--003 *900.00**

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]

REGISTERED AGENT MUST SIGN

Date **12/30/13**

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	George Braeunig	2840 Oak Tree Ct.	Oakland Pk, FL 33309
V.P.	George Braeunig	2840 Oak Tree Ct	Oakland Pk, FL 33309
Secr.	George Braeunig	2840 Oak Tree Ct	Oakland Pk, FL 33309
REINSTATEMENT			
JAN 02 2014			
R. HUNT			

10. E-mail Address: **braeunig1@me.com**

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

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

12/30/13

465-1819
Daytime Phone #