

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P12000101885

Entity Name: GAB ENTERPRISES INC

**FILED**  
**Oct 14, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5780 WOODCLIFF RD  
PORT ORANGE, FL 32127 US

**New Principal Place of Business:**

**Current Mailing Address:**

5780 WOODCLIFF RD  
PORT ORANGE, FL 32127 US

**New Mailing Address:**

PO BOX 291225  
PORT ORANGE, FL 32129 US

FEI Number: 20-5038454

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRIFFIN, BRIAN  
5780 WOODCLIFF RD  
PORT ORANGE, FL 32127 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRIAN GRIFFIN

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: GRIFFIN, BRIAN  
Address: 5780 WOODCLIFF RD  
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN GRIFFIN

PRES

10/14/2013

Electronic Signature of Signing Officer or Director

Date