PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F
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P93000079698

1. Corporation Name

GBG GROUP, INC.



02 FEB 18 AM 9: 53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Addi			ess	•					
4400 MARSH LANDING BOULEVARD 4400 MARSH SUITE #4 SUITE #4			Landing Boulevar A Beach FL 32082		ENSTATEMENT 200 /= 200 Z				
If above a	addresses are incorrect in any way, line the	ough incorrect ir	nformation and enter	correction below.	9/		40000	1=200 C	
2. New Pri	ncipal Office Address, If Applicable	3. New Maili	ng Office Address If	Applicable w	4 Date Incorp To Do Busir	orated or Qualified ness in Florida	11/12/1	993	
Suite, Apt. #, etc. Suite, Apt. #		1. Val. 2. 1/2. 1.		5. FEI Number Applied Fo					
City & State City & State		4	Lysoga FL		59-3233681 Not Applicabl				
Zip 	Country	Zip 3108	our court	3A	CERTIFICATE	OF STATUS DESIRED		litional Fee required rtificate of Status	
7. Names a	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpor	ations must list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director			City / State / Zip				
0	GORDON, RUSSELL B 3540 SOUTH			FRON DRIVE		JACKSONVILLE BEACH FL 32250			
D	BLOCKER, MICHAEL H	24637 MISH LANDING BLVD, SHITE			PONTE VEDRA BEACH FL 32082				
D	WALLS, DONALD W	50 N. LAURA ST.			JACKSONVILLE FL 30002				
7.35-5	. \$\frac{1}{12} \cdot \c					000050 -02/26/ ****80)222 02-0108 0.00 **	770 38 009 ***900.00	
	8. Name and Address of Current	Registered Age	nt	9. Name and Address of New Registered Agent					
	پنجي ن <u>ندي آن وي در پرست مونو پيجيد</u> پنجي ناهي آن وي در	يبهد يعدمده و يدي		Name					
BLOCKER, MICHAEL H 4400 MARSH LANDING BOULEVARD SUBBLAG				Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
PONIE	EVĚDRA BEACH FL 32082 S I MISARY Leuly, D		City State Zip Code			Code			
10. I, being Signature of Registered		W.	ration, am familiar w ENT MUST SIGN	ith and accept the ob	oligations of Secti	on 607.0505, F.S. , Date 1/2/	102		
this reins owed by	that I am an officer or director or the receistatement application, the reason for dissort the corporation have been paid and the rapplication is true and accurate, and my significant to the corporation is true and accurate.	lution has been ames of individu	eliminated, the corpo uals listed on this for	orate name satisfies t m do not qualify for a	the requirements an exemption und	of section 607.0401 o	r 617.0401, F.S), F.S. The info	S., that all fees	

SIGNATURE: Michael Differ Michael SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER