

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

1996 NOV -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P94000045017**

1. Corporation Name

**GSB INSURANCE, INC.**

Principal Place of Business

8315 PONCE DE LEON BLVD  
VILANO BEACH  
ST AUGUSTINE FL 32086  
US

Mailing Address

81 CORUNNA ST  
VILANO BEACH  
ST AUGUSTINE FL 32095  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

**831 S. Ponce de Leon Blvd**

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

**665 IntraCoastal Circle**

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/16/1994**

5. FEI Number

**50-3256680**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

City & State  
**St. Augustine, FL.**

Zip  
**32086**

Country  
**St. Johns**

City & State  
**St. Augustine, FL.**

Zip  
**32095**

Country  
**St. Johns**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	BAILEY, GREGORY S	<del>81 CORUNNA ST</del> <b>665 IntraCoastal Circle</b>	ST AUGUSTINE FL 32095
			700002005397--4
			-11/15/96--01003--020
			****375.00 ****375.00

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

BAILEY, GREGORY S  
81 CORUNNA ST  
VILANO BEACH  
ST AUGUSTINE FL 32095

9. Name and Address of New Registered Agent

Name  
**Bailey, Gregory S**  
Street Address (P.O. Box Number is Not Acceptable)  
**665 IntraCoastal Circle**  
Suite, Apt. #, Etc.  
City  
**St. Augustine**  
State  
**FL**  
Zip Code  
**32095**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**REQUIRED**  
*Gregory S. Bailey*

Date **9/17/96**

11. Does this corporation pay any intangible tax to the

Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

**REQUIRED**  
*Gregory S. Bailey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/17/96**  
Date

**904 824-4459**  
Daytime Phone

CR22040 (7/96)