

4/29/98 3:33 PM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAY 29 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000006201

1. Corporation Name

G.P.B. MANGEMENT GROUP, INC.

Principal Place of Business Mailing Address
285 COMPETITION DRIVE SAME
KISSIMMEE, FL
34743

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State		City & State		59-3357037	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For Not Applicable	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	GIUSEPPE GIAMMARINARO	285 COMPETITION DRIVE	KISSIMMEE, FL 34743
SEC	PAOLA GIAMMARINARO	285 COMPETITION DRIVE	KISSIMMEE, FL 34743
TREA	BARTOLO C. GIAMMARINARO	285 COMPETITOR DRIVE	KISSIMMEE, FL 34743

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***1058-00 ***1058-00

REINSTATEMENT 96-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BARTOLO C. GIAMMARINARO		Name	
285 COMPETITION DRIVE		Street Address (P.O. Box Number is Not Acceptable)	
KISSIMMEE, FL 34743		Suite, Apt. #, Etc.	
		City	
		State FL Zip Code	

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

Bartolo C. Giammarinaro

Date 04/29/98

REGISTERED AGENT MUST SIGN

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: *Giuseppe Giammarinaro* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/98 4073443810

Date Daytime Phone #

CR2E040 (12/89)