

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 22 AM 11:26

DOCUMENT # P950000 37941

1. Corporation Name

GB ENTRPRISES COMMUNICATION

2. Principal Office Address

3. Mailing Office Address

1505 Dundee Rd.

P.O. Box 7742

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven, FL

Winter Haven, FL

Zip

Country

Zip

Country

33884

USA

33883

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3311737

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Frankie J. Grover

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

1505 Dundee Road

Suite, Apt. #, Etc.

City

Winter Haven

State
FL

Zip Code
33884

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-06/29/01--01050--008
*****908.75 ****908.75

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

REGISTERED AGENT MUST SIGN

Date 6/20/01

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
SOLE	Frankie J. Grover	1505 Dundee Rd.	Winter Haven, FL 33884

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/20/01

Daytime Phone #

CR2E061 (9/00)