

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 22 AM 9:36

DOCUMENT # 95000037941

1. Corporation Name

GB ENTERPRISES COMMUNICATIONS CORP.
P. O. Box 7742
Winter Haven, FL 33883

REINSTATEMENT 03-04

2. Principal Office Address

1505 Dundee Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 7742

Suite, Apt. #, etc.

✓ 500031358085
03/29/04--01097--014 **908.75

City & State

Winter HAVEN, FL.

Zip 33884 Country U.S.A.

City & State

Winter HAVEN, FL.

Zip 33883 Country U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

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)

1017 North Lake Parker Ave.

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33805

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 March 26th 2004

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
<u>Pres.</u>	<u>Frankie Grover</u>	<u>1017 N. LAKE PARKER</u>	<u>LAKELAND, FL. 33805</u>
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-
-	-	-	-

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

04/02/04 863-4709

Daytime Phone #

9/22 00

CR2E081 (01/04)