

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT #P95000086640

1. Corporation Name

G.B. Consulting Corporation

Principal Place of Business

2957 Vineland Road
Kissimmee, Florida 34746

Mailing Address

SAME

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

2. New Principal Office Address, If Applicable

2913 Vineland Road

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

SAME

Suite, Apt. #, etc.

SAME

City & State

Kissimmee, Fl.

City & State

SAME

Zip

34746

Country

USA

Zip

SAME

Country

SAME

4. Date Incorporated or Qualified
To Do Business in Florida

11/9/95

5. FEI Number

59-3355422

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P/T/D	Howard Alter	2913 Vineland Road	Kissimmee, Fl. 34746
V/D	Bruce Kaye	60 North Main Avenue	Atlantic City, NJ. 08401
S/D	Deborah Kaye	60 North Main Avenue	Atlantic City, NJ. 08401
Assts/D	Gail Baiman	7560 92nd Street North Apt. 102B	Seminole, Florida 33777
			600002354176--0 -11/21/97--01076--005 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

Jack Walsh
2957 Vineland Road
Kissimmee, Florida 34746

9. Name and Address of New Registered Agent

Name

Jeffrey W. Frantz, Esq.

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

11900 Biscayne Blvd.

Suite, Apt. #, Etc.

408

City

North Miami

State

FL

Zip Code

33181

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

REGISTERED AGENT MUST SIGN

Date

10/28/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gail Baiman, Director

Date

Daytime Phone #

(813) 399-1204